Implementing “Vision and Values”, A Strategy Development Plan

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Introduction
In 2007/2008 the Hospice commissioned a scoping exercise to inform and develop a strategic plan for the delivery and expansion of Hospice services leading up to and including 2017. Key priorities were identified in conjunction with the Hospice Board of Directors, management, staff, patients, carers and a clinical advisory group. Many of these key priorities were subsequently highlighted as national action points within the Audit Scotland Review of Palliative Care Services in Scotland (August 2008) and Living and Dying Well: A National Action Plan (October 2008).

It was recognised that such a strategic plan would require a focused and prolonged implementation project involving ownership by the wider multidisciplinary team.

Key objectives were identified and their implementation was planned over a 5 year period. The action plan included a review of the operational models of Hospice community services and the development of a communication strategy to facilitate an increased awareness of existing and new Hospice services.

Achievement of these goals was co-dependent on ensuring the correct infrastructure and robust operational standards/policies were implemented in all Hospice departments.

Vision & Values

Key Goals: Our 12 Overarching Strategic Aims
1. Putting patients and families first
2. Adhering to the Hospice values and philosophy
3. Consistent / effective leadership
4. Change in culture
5. Well educated workforce
6. Guided by policy
7. Modernising the infrastructure
8. Robust business practice
9. Financial stability
10. Leaders in research / education
11. Integrated working
12. Premises fit for purpose

Objectives: The First Year
Objective 1: Review and development of operational models of community services
• Community Specialist Palliative Care Team
• Day Services
• Out-patient Clinic.

Objective 2: Developing a communication strategy
• Internal communication with staff and volunteers
• External communication with all stakeholders

Objective 3: Raising Awareness of Hospice Services

Palliative Care National Directives

The Scottish Government has embraced the six dimensions of quality into all health directives, since the launch of Better Care Better Health (2006), including Living and Dying Well in 2008.

Key reports published in Scotland have some influence on the demands for Specialist Palliative Care Services, including Hospices. These services are currently being driven by the Living and Dying Well National Action Plan.

Action 3.1: Assessment and review of palliative and end of life care needs
Action 3.2: Planning and delivery of care for patients with palliative and end of life care needs
Action 3.3: Communication and coordination
Action 3.4: Education, training and workforce development
Action 3.5: Implementation and future developments

Implementing the Concepts of the Living and Dying Well National Action Plan

The components of the Living and Dying Well Action Plan are applicable to both generalist and specialist palliative care delivery. Therefore, whilst implementing the first year objectives “Vision and Values” these principles are always considered.

Implementation: Methodology
• Appointment of Strategy Project Manager (July 2008)
• Establishment of a Project Team
• Establishment of a Project File for Project Management
• Detailed Work Breakdown Plan with Satellite Project Subgroups
• Recruitment of Organisational Development Officer for Communication Strategy (Nov 2008)

Achievements 1. Updates of Core Hospice Policies
• A robust access, referral and admissions policy has been written for all hospice clinical services including equitable access & specific criteria for patients with a life-limiting illness (Living & Dying Well Action 3.2)
• Coordination with Out of Hours Service regarding access/ admission (Living & Dying Well Action 3.3)
• Similar policy for planned and coordinated discharge in progress (Living & Dying Well Action 3.3)

Achievements 2. Restructure of Community Nursing Team
1. Establishment of 2 teams (CHCP attached) with corporate caseloads each headed by a team leader (Living & Dying Well Action 3.1 and 3.2)
2. Introduction of patient dependency levels which determines:
   • Levels of contact
   • Context of patient/case workload
   • Alerts to advance care planning and/or discharge planning (Living & Dying Well Action 3.1 and 3.2)
3. Introduction of a 7 day service (Living & Dying Well Action 3.1, 3.2, 3.3 and 3.4)
4. Development of team operational service standards (Living & Dying Well Action 3.2)
5. Protected medical support for the team (Living & Dying Well Action 3.3 and 3.4)

Achievements 3. Communication and Raising Awareness of Hospice Services
• An open day was organised.
• It was aimed at Health and Social care professionals to raise awareness of Hospice services and the new service developments.
• Invitations were sent to acute hospitals and community staff who are provided with a specialist palliative care services from PPWH (Living & Dying Well 3.3)

Aims of the Hospice Open Day
Team will support patients, families and carers offering emotional, social, spiritual and practical support and advice.

They will comprise of:
• Chaplain
• Social Workers
• Counsellors
• Child/Young Person’s Bereavement Coordinator
• Play Therapist


The Hospice is also establishing The Butterfly Project for Child Bereavement in conjunction with Ardgowan and St. Vincent’s Hospices

Implementation and Future Developments to Fulfil “Vision and Values” Plan and “Living and Dying Well” Actions

• Continued links with external projects (eg. Partnership working with NHS GG&C to further develop Specialist Palliative Care access and appropriate provision for patients with progressive non-malignant conditions.
• Continue the restructure of the Day Services Unit with the development of operational service standards and the incorporation of a dedicated day to therapeutic programmes/clinics (eg. “Let’s Be Active” Fatigue and Breathlessness Programme, Fatigue and Relaxation Programme, Care’s Services and Nurse-led out-patient clinic).
• Introduce regular road shows and further Hospice Open Days to provide a consistent information strategy about the on-going development of Hospice services.
• Progress with E-health: introduce electronic referrals from primary care and establish electronic patient records in the Hospice.
• Further develop patient engagement in line with National Participation Standards and Care Commission Quality Self-Assessment framework.
• Evaluation of new service developments and audit of the implementation of operational service standards.

(Living & Dying Well 3.1,3.2 & 3.3)

References
NHS Scotland, 2002. Clinical Standards Specialist Palliative Care. CSHL

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