



**North West  
Hospice**

# **Strategic Plan 2021-23**

## Foreword from Mr. Pat Dolan, Chairperson

On behalf of the Board of North West Hospice, I am delighted to present this Strategic Plan which sets out the part we will play in the development and delivery of specialist palliative care services within our catchment area of Sligo, Leitrim, South Donegal and West Cavan, over the period 2021 to 2023.

As I write this foreword, we are faced with the most serious public health crisis which the world has seen for a century. Despite the enormous challenges which affect all of us, the Hospice has remained open and we continue to provide the full range of palliative care services both on an in-patient basis and within the community. Covid-19 has changed the way we do things, and will do for some time, but the vital services provided by the Hospice continue to operate.



It is five years since the previous Strategic Plan for the Hospice was prepared, covering the period from 2016 to the end of 2020. Looking back at that plan, much has been achieved. We opened new premises in Wine Street Car Park in the busy centre of Sligo, providing an accessible location for our fundraising activities, along with much-needed office accommodation, which in turn gave us more space for patient care and family visits in the main Hospice building. We opened two charity shops in the centres of Sligo and Carrick-on-Shannon, and we developed an online retail facility which has helped to boost funds during the pandemic. And we have strengthened our clinical team in both medical and nursing care, to ensure that high quality patient care remains our number one focus.

Our plans for the redevelopment of the Hospice have now advanced to a significant degree, and the development of a new inpatient unit with 12 single beds is expected to commence in 2021, as included in the HSE Capital Development Plan. Modernising our premises and adding to our inpatient capacity will make a great difference in terms of how we care for patients, and we look forward to the completion of our capital redevelopment within the time period covered by this strategic plan.

Since the Hospice was founded over 30 years ago, we have enjoyed a special relationship with the HSE and before it with the North Western Health Board. This has included not just funding support but the sharing of clinical expertise. We are now moving towards a closer relationship with the HSE, and we plan to finalise these arrangements during the lifetime of the strategy.

Our fundraising activity will continue to be expanded, and we greatly appreciate the financial contributions generously provided by those who support us, whether through donations, our shops, our online retail service, or in other ways. The COVID 19 pandemic has, of course, had an impact on our income as it has with all other charities, and we will be working hard to ensure that efforts are redoubled in this vital area.

I wish to pay tribute to the management and staff at North West Hospice whose hard work and dedication has brought palliative care services from very small beginnings to the quality regional service it is today. Similarly, the hard work and dedication of a small but dedicated Group of staff is also greatly appreciated by the Board. I extend sincere thanks in particular to Ms. Nuala Ginnelly (Hospice Manager), Dr. Anna Cleminson, Dr Cathryn Bogan, Dr. Deirdre Finnerty (Consultants in Palliative Medicine) , Ms. Catherine Regan , Ms. Marion Ryder (Senior Nurse Management) and Ms. Mandy Doyle. Ms. Emma Ball and Mr. Dermot Monaghan (HSE) for their contributions to the development of the strategy.

In conclusion, the Board of Directors would like to convey its sincere gratitude to all who have contributed in any way to the development of this strategy and whose helpful suggestions will chart our service development over the next three years and beyond.

**Mr. Pat Dolan, Chairperson, North West Hospice**

## Introduction from Ms. Nuala Ginnelly, North West Hospice Manager

*"For time and the world do not stand still. Change is the law of life. And those who look only to the past or the present are certain to miss the future."* (John F. Kennedy)

Welcome to the Strategic Plan for North West Hospice for the period from January 2021 to December 2023. The objectives set out in our North West Hospice Strategy plan 2016-2020 were all progressed, with many realised. This plan was overseen by the Board of Directors in close collaboration with Hospice Management and the HSE. This work was at all times guided by our vision and mission statement which remain consistent with this Strategic Plan; providing specialist care with compassion for those living with life-limiting illness in our community and being at the centre of palliative care services in the North West, working to ensure that everyone who needs palliative care can access services free of charge. The 11 objectives in this plan will again be realised under the stewardship of the Board of Directors working in partnership with the HSE and Hospice Management.



Over the years since it was founded in 1986 by members of the local community, the North West Hospice has harnessed the widespread local community support. This overwhelming support has provided the Hospice with the essential resources over this time to remain at the forefront of palliative care in Ireland, providing specialist palliative care services which are integrated across acute, community and hospice. The Board and staff at North West Hospice cherish this unique relationship with our local community who year after year, despite recessions and pandemics, continue to give so generously to the service. In 2020, this community support was particularly overwhelming where the public showed amazing initiative and innovation at a time when fundraising events were not permitted as a result of the COVID pandemic.

North West Hospice is fortunate to have a Board of Directors with such a wealth of knowledge and life experience. All our Board Directors bring unique skills and expertise and give their time voluntarily. I would like to thank the Board of Directors for their on-going hard work, expertise, compassion and support to the North West Hospice and for commissioning and engaging with the development of this strategic plan, an important piece of work and the blueprint for next 3 years. The Board and management at North West Hospice continue to work very closely and successfully with local HSE CHO1 management and will continue to build on the work of the previous five years to further strengthen our governance and organisational structure. As the HSE is a significant funding provider to North West Hospice, I would like to acknowledge the open engagement and support of the HSE in engaging with this plan and their valuable contribution, especially CHO1 Primary Care and Palliative Care management, Mr. John Hayes, Mr. Dermot Monaghan, Ms. Mandy Doyle and Ms. Emma Ball.

To our staff and volunteers, I would like to sincerely thank them for contributing to this plan. Their feedback was invaluable in guiding the work and in finalising the 11 objectives. Their commitment, compassion and expertise throughout the different services of North West Hospice are the catalyst for our consistent success. I look forward to working with you all in delivering on these shared objectives in the next three years.

Finally to our patients and families, whom we have the privilege to care for on a daily basis. 2020 was a very challenging year which brought great change in the way we deliver care to meet COVID regulations and to ensure a safe environment for all. We recognise that while challenging to all, you felt this change most of all. We hope the objectives in this plan will provide reassurance to you that the future of North West Hospice is secure with the commitment to expand our services in line with the new capital development.

To conclude, the Hospice is entering another exciting phase in its history and I am confident that we have what it takes to realise all the key objectives.

I would like to end by thanking Mr Shane McQuillan and Ms Shannon Scott of Crowe Ireland for facilitating this strategic planning process.

**Ms. Nuala Ginnelly, North West Hospice Manager**

## Welcome Note from Consultant in Palliative Medicine & Clinical Lead Dr. Anna Cleminson

On behalf of the clinical team in the North West Hospice, I very much welcome the strategic plan which provides clear direction for the Hospice over the next three years. This document creates a map for continuation and improvement of patient care offered by North West Hospice to people with life limiting illnesses in the places where they are living, be this in the community, in hospital or in the Hospice in-patient unit.



The strategic plan is the result of consultation not just with healthcare staff and hospice management team members but with people who have experienced hospice care. This is important because palliative care aims to be centred and developed around patient need. The resulting plan focuses on development of specific areas of care such as clinical expertise, pastoral and holistic therapies, as well as the structural, fundraising and governance aspects of North West Hospice activity.

One of the big achievements resulting from the last strategic plan was to progress the design, development and planning of a redeveloped in-patient unit (IPU), so that building can start this year. Currently, the IPU consists of 5 beds in the main ward and 3 single rooms. This has meant that the hospice has, at times, had to provide care to patients in mixed wards and with less privacy that would be ideal for patients and families. The emergence of COVID 19 has further challenged our environment as we have tried to make sure people are looked after in the setting that is best for them, while maintaining safety for all our patients. The new build will contain 12 single rooms as well as more therapeutic and administration space. This will allow us to care for more patients in the IPU, with increased privacy and fewer health and safety limitations. The new strategic plan aims to oversee the completion of this development which will have a very positive impact on the specialist care we can offer, bring us in line with current best practice and meet the increasing demand that we have experienced over recent years.

Over the next three years we also aim to develop the hospital and community aspects of our service. In the last year, the Hospice has worked closely and collaboratively with the hospital and nursing homes in our region to try and provide good palliative care. Initiatives have included collaboration around ethical support, education sessions, referral routes, care and medication guidelines, communication tools and education. We intend to build on this foundation, guided by service analysis and user feedback, and identify new collaborative initiatives which will develop and improve palliative care provision for our patients and their families in the Sligo University Hospital and the community.

The 2021-2023 strategic plan aims to bring about positive sustainable change in palliative care provision by the Hospice. However, this could not happen without hard work for which I wish to offer heartfelt thanks. I would like to thank our Board and our management team who work with focus and diligence to maintain and develop the service. I would also like to thank our healthcare and allied healthcare professionals, administration team, cleaning and catering staff who with dedication provide care tailored to the patients and families we meet. Last but not least, I would like to thank the local community who provide support through volunteering and fundraising. These actions and support provide the foundation for North West Hospice. I therefore thank each and every one for your role in enabling us to continue to provide and develop palliative care within our community.

**Dr. Anna Cleminson, Consultant in Palliative Medicine & Clinical Lead**

# North West Hospice – History, Organisation and Governance

## Origins and History

In 1986, Claire Campbell, a social worker in the North West of Ireland, identified the need for specialist care to support people with cancer and their families. She set up a number of support groups in the community and North West Hospice service was founded. Over time, the need for this specialist approach, called palliative care, increased. Thanks to ongoing community support and fundraising efforts, North West Hospice has been to the forefront of palliative care in Ireland, and we were the first specialist palliative care service in the State to provide services which are integrated across acute, community and hospice. We were also the first to provide community palliative care on a 7-day week basis and, in 1998, we opened our specialist In-Patient care facility.

## Our Current Services – What We Do

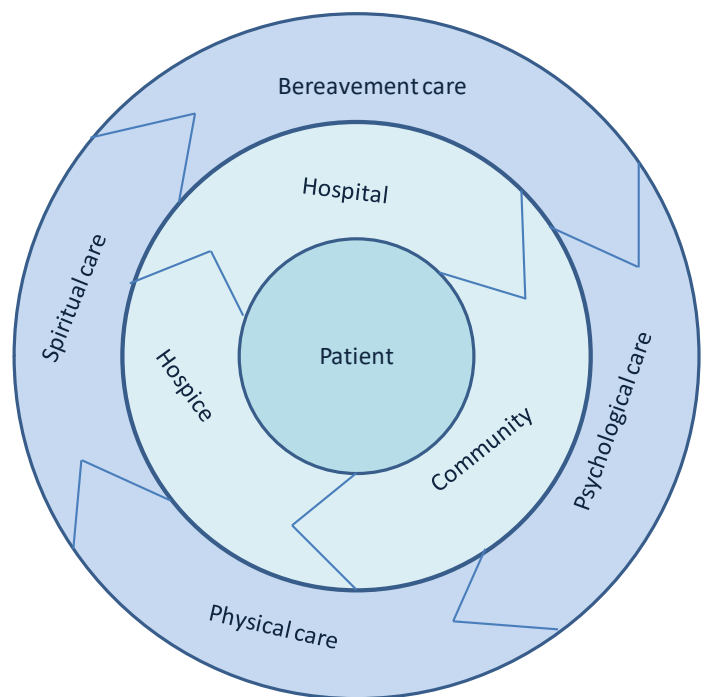
**North West Hospice is at the centre of palliative care service provision and development in the North-West of Ireland.** We provide specialist care with compassion for those living with life-limiting illness in our communities in Sligo, Leitrim, South Donegal and West Cavan – a catchment area of approximately 110,000 persons. It is important to note that our Inpatient unit also admits patients that need our service from outside these counties due to its physical location on the Sligo University Hospital campus. We also admit patients from counties that do not have a specialist unit currently i.e. North Roscommon. Our integrated service is provided through:

- Our **8-bed Inpatient Unit** – this Unit has eight beds (three single rooms and a five-bed area) where people are cared for by a multi-disciplinary team for a range of reasons such as symptom control, respite, as well as end-of-life care. A new Inpatient Unit with 12 single beds is due to begin development as part of the HSE Capital Development plan for 2021. Our team includes specialist palliative consultants, medical, nursing, social work, occupational therapy and physiotherapy staff. We also provide pastoral care, complimentary therapies, and a wide range of volunteer services.
- Our **Community Palliative Care Team** working across the North-West – we visit patients in their own homes or other care settings such as nursing homes or community hospitals. This team of Clinical Nurse Specialists, a social worker and a doctor work very closely with the patient's GP and Public Health Nurse to provide care to the patient.
- Our **Hospital Palliative Care Team** based in Sligo University Hospital - provides palliative care to patients at Sligo University Hospital and their families, and provides support to the hospital's medical and nursing teams. The Team provides a seamless link in the flow of care between the hospital, the hospice In-Patient Unit and Community Palliative Care, assisting patients and their families to make the most appropriate decisions according to their individual care needs.
- Our **Social Work** service – Social workers are an integral part of the palliative care multidisciplinary team. The team provides psychosocial and emotional support to patients and their families who are receiving palliative care service at home or in the Inpatient unit. The social work team also provides a bereavement support and advice to those whose loved one died under the care of North West Hospice.
- Our **Specialist Education Support** service – we recognise the importance of ensuring the continuous professional development of our staff, and our activities include monthly education sessions for staff, learning and sharing from practical examples of clinical practice, and the development of policies, procedures and guidelines related to service quality.
- Our **Volunteer Programme** – our volunteers provide essential support in areas such as reception cover, holistic care (massage, music, reflexology, etc), driving, fundraising, charity shop assistants and other activities.

The services provided by North West Hospice are highly integrated, and our Bereavement, Education, Spiritual and Volunteer supports are integral to our specialist palliative care service. The diagram (pictured right) illustrates the integrated nature of what we do, all of it centred on the needs of our patients and their families:

Here are some high-level numbers relating to our work in 2020:

- Number of patients admitted to the Inpatient Unit admissions in 2020: **177**
- Number of patients cared for by our Community Team in 2020: **410**
- Number of patients cared for by our specialist Hospital Team: **638**
- Families who used our social work service in 2020: **164**
- North West Hospice total staff: **64.5** (WTE)
- Volunteers: **118**



The operating expenditure requires North West Hospice to continue to fundraise each year through fundraising events and donations.

Further detail on our forward strategy in respect of each of our areas of work is presented later in this Strategic Plan.

## Structures and Governance

North West Hospice is a registered charity and a company limited by guarantee. It is governed by a Board of Directors.

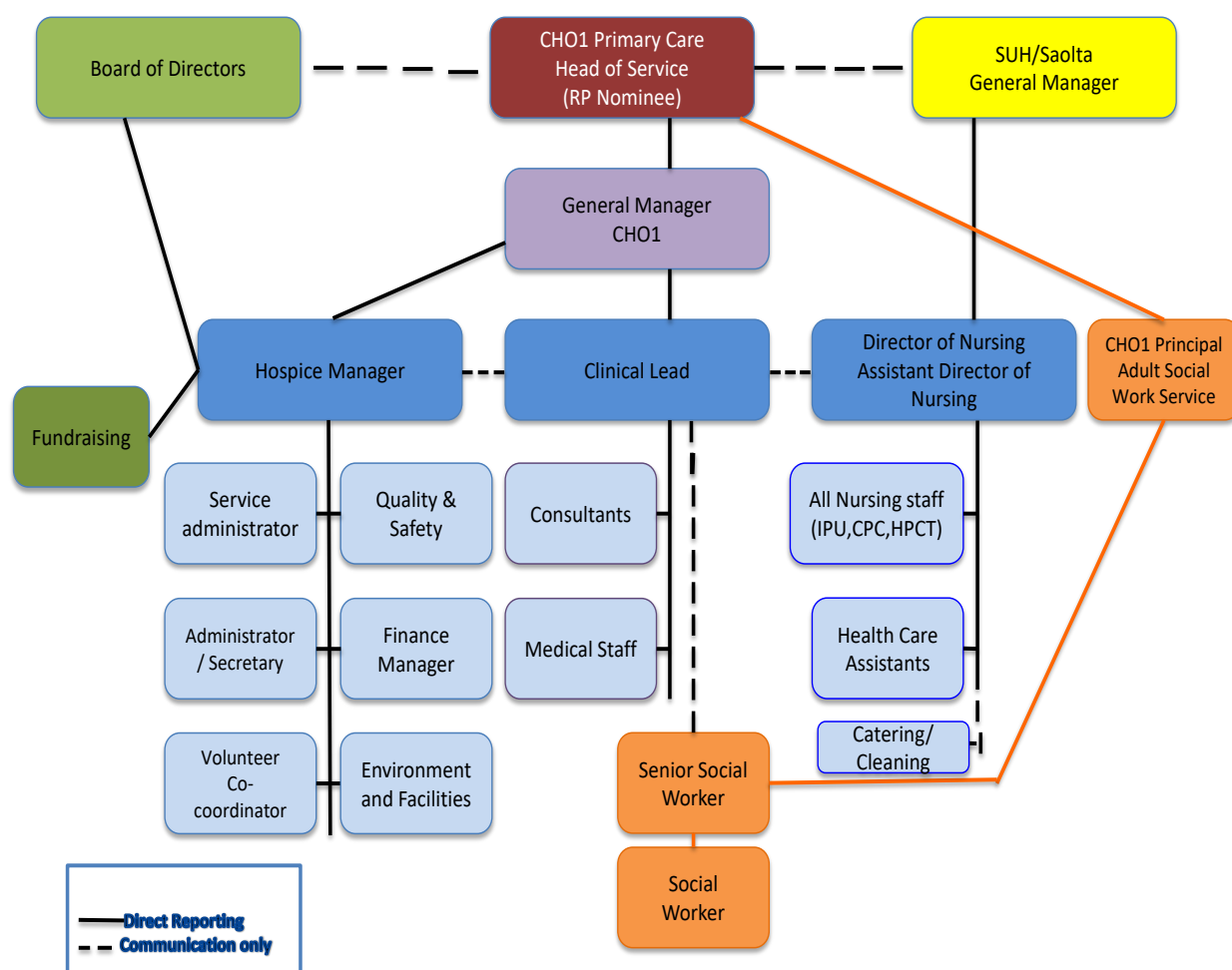
Our Board is responsible for corporate governance and works closely with our management team and HSE to deliver our vision, mission and strategic objectives. All our Directors are volunteer members who generously contribute their experience, knowledge, and resources to ensure that North West Hospice is effectively run.

Clinical governance is the responsibility of the HSE as part of a Service Level Agreement.

The Board of Directors of North West Hospice currently comprises:

<b>Chairperson</b>	Pat Dolan	
<b>Vice Chairperson</b>	Siobhan O'Dowd	
<b>Other Directors</b>	Jim Callaghan	George Chadda
	Mary Curran	Declan Hegarty
	Dr Fiona Quinn	Aisling Barry
	Daniel Browne	Shane Ward
	Hubert McHugh	John McElhinney
	Noel Scott	Susanne Kerins

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## Mission, Vision and Values

### Mission

The mission of North West Hospice is to provide specialist care with compassion for those living with life-limiting illness in our community.

### Vision

Our vision is to be at the centre of palliative care services in the North West, working to ensure that everyone who needs palliative care can access services.

### Values



# The Role of North West Hospice

## The Policy Background

Within North West Hospice, we operate a range of services which are highly integrated with those provided directly by the HSE, both within the acute care setting of Sligo University Hospital and at a local, community-based level. Whilst we are a separate entity from the HSE, a significant proportion of our funding comes from the HSE and we operate from premises which are co-located with Sligo University Hospital. Many of the staff working within North West Hospice is HSE employees and we also benefit from support services provided by our colleagues in the University Hospital.

A largely similar funding situation applies with regard to many hospices in Ireland, with the majority of palliative care services provided by hospices which are independent charitable entities, working closely with the HSE. What makes North West Hospice different is our physical co-location with a large University hospital, which we believe provides added strength and complementarity. Having the resources of Sligo University Hospital available a very short distance away is greatly valued by North West Hospice, and we believe that this arrangement enables us to provide a more seamless service to our patients and their families at such a critical time in their lives.

We also engage closely with the HSE at national level, through regular contact with the General Manager for Palliative Care, colleagues in Dublin and with the national Primary Care Directorate which provides funding for hospice services across the country.

## The Current Model of Care and the Role of North West Hospice

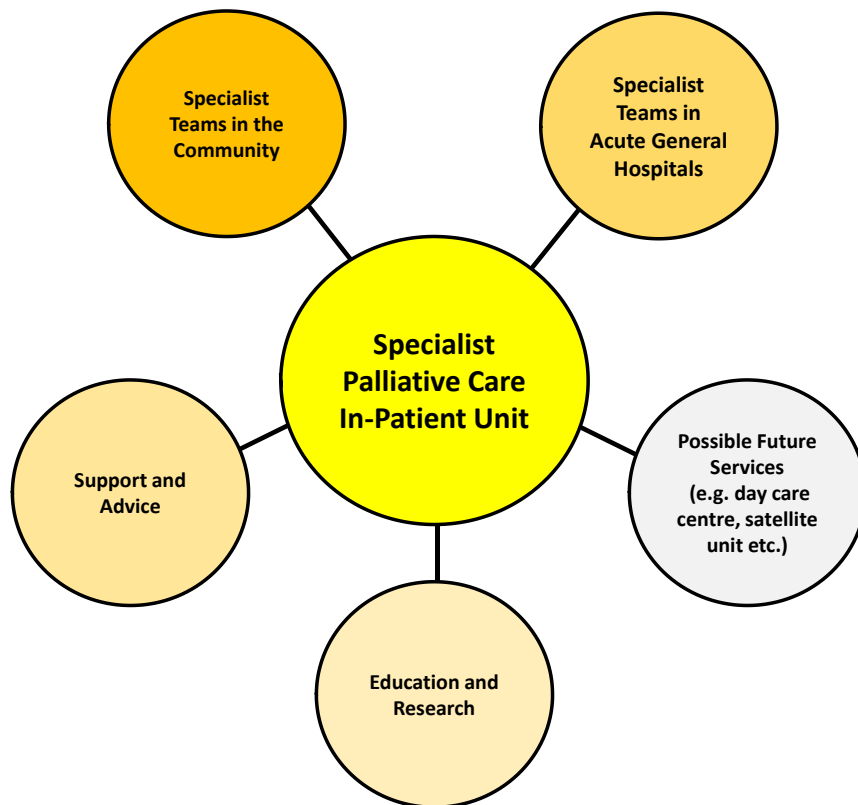
We operate in line with the National Clinical Programme for Palliative Care (a joint initiative of the HSE and the Royal College of Physicians), which defines palliative care as “*an approach that improves the quality of life of people facing the problems associated with life-limiting illness and supports their families, [and] focuses on the prevention and relief of suffering by means of assessing and treating pain and other physical, psychosocial or spiritual problems.*”

The aim of palliative care is to enhance quality of life and, wherever possible, to positively influence the course of illness. Palliative care also extends support to families to help them cope with their family member's illness and their own experience of grief and loss. As defined by the National Clinical Programme, North West Hospice operates at the highest level of specialisation (Level 3), with our services provided “*by health care professionals who work solely in palliative care, and who have extensive knowledge and skills in this specialty*”.

The Level 3 services provided by North West Hospice complement a range of less complex services for terminally ill patients provided by other organisations and health care professionals, including:

- **Level 2:** Services provided in any location, using a palliative care approach by health care professionals who have additional knowledge of palliative care principles and use this as part of their role.
- **Level 1:** Services provided in any location or setting by all health care professionals as part of their role and using a palliative care approach.

Under existing national policy, specialist inpatient services are required to act as the “hub” of all palliative care provision in a defined geographical area, as depicted below – this is the operating model for North West Hospice within our catchment area:



*(The operating model shown includes future options for day care services and a satellite unit – these are not services which are currently provided or funded.)*

## Consultation Meetings

During the development of this strategic plan, a series of meetings were held with staff from all levels and functions within North West Hospice, in order to understand their perspective and suggestions for the future.

### Our Stakeholders within the North West Community – Survey Results

As part of the preparation of this strategic plan, we also surveyed a wide range of people connected with North West Hospice – patients, their families or support persons, staff, volunteers, healthcare professionals and others – to understand their thoughts on the services provided by North West Hospice today, and the priorities and challenges ahead of us over the next three years. A summary of the opinions gathered is as follows:

- **General Strengths:** respondents were enormously positive about the North West Hospice. It was felt that the North West Hospice was an extremely important service not just to patients, but to their families. The friendliness, kindness and understanding of staff, as well as their professionalism, were widely acknowledged. The fact that they are always available for support and advice is valued in the community in which they work.

“The highest level of professionalism balanced with warmth, genuine interest in each individual person”

“The Hospice is not just a place where someone goes to die – it’s also a fantastic support for the living”

“They are always on the end of the phone to offer help/support and advice”

“The professional and loving care to both patients and families when most needed”

“Home support 365 days a year”

- **Weaknesses:** whilst every respondent acknowledged the excellent service provided by the North West Hospice it was frequently highlighted that there is a need for a bigger, more appropriate facility from which to provide the service. Some respondents also mentioned the high reliance on fundraising and donations.

“Needs steady reliable funding”

“The 5-bed ward is not suitable for the number of patients”

“High stress levels amongst staff that can be difficult to settle and relieve whilst the pace and demands of the job continue on a daily basis”

- **Main priorities for the next 3 years:** respondents said that the furthering of the development of the new hospice building was a priority over the next three years, in order to accommodate increasing demand and to allow for the development of services provided within the hospice for patients and their families. They also see the continuity of the provision of excellent care services as a key priority, and the continued focus on education and local links.

“To continue to provide their excellent service to the community and meet future demands for the service”

“The construction of a building more fit for purpose”

## Key Challenges for 2021 – 2023

Set against the above backdrop, we see our key challenges for 2021-23 as follows:

- **Building upon Existing Strengths:** It is imperative that North West Hospice should maintain the quality and integrity of our palliative care services and should seek to strengthen our expertise and focus. Our existing strengths – our **team**, our **reputation for high quality care**, and our **compassion** for patients and their families – provide the foundation on which the three-year strategy is developed.
- **Enhancing our Physical Infrastructure:** We acknowledge that our building on the Sligo University Hospital site is no longer fit for purpose, and shows significant signs of wear, and is out of line with current good practice (e.g. single in-patient rooms). In addition, it does not offer the scope for the necessary expansion of our in-patient facilities and other services. The development of the new Inpatient Unit is on the HSE Capital Development Plan for 2021.
- **New Opportunities:** We recognise that demand for palliative care services is growing, both nationally and in the North West, and that there is often greater demand for in-patient services than we can provide. We will therefore seek to expand aspects of our service provision over the next three years, in a managed and measured fashion, across all parts of our catchment area.
- **Further Partnership Working:** The future for North West Hospice is likely to involve the further development of partnership arrangements, both formal and informal, with other healthcare providers, clinical professionals and the HSE: this may represent a way for us to expand in a manageable fashion without taking on projects that are outside our capacity. However, there is a need to ensure any partnership or collaboration comes from a position of strength and serves our mission.
- **Funding Environment:** Our funding comes through two main sources – from our statutory partners in the HSE, and from public donations and fundraising. We will devote significant energies to ensuring that our engagement with the HSE continues to be highly collaborative and constructive, taking account of changing responsibilities and structures within the HSE both locally and nationally. We will also continue to work hard on our community engagement to ensure that we maximise our fundraising opportunities. We will explore how fundraising will change in a post Covid-19 environment.
- **Response to Covid-19:** the Covid-19 pandemic has changed healthcare, and the way it is provided, in Ireland. We will look at these changes and how they will affect the provision of care by the North West Hospice in future.
- **Charity Regulation:** The creation of the Charities Regulatory Authority and associated statutory provisions established a demanding framework for Irish charities. North West Hospice is appreciative of the need to meet these regulatory requirements and whilst we are confident that our governance is of the highest standard, we will work to ensure that we continue to comply with the statutory requirements and that we engage constructively and effectively with the regulator.
- **Managing the Development of our Organisation.** To achieve the objectives set out in this strategic plan, we recognise that we have to develop and change as an organisation – within our management and organisational structures, in our staff and volunteer training and development, in our systems and processes, and in how we engage with patient and clients and with our external stakeholders.
- **Social and Societal Change:** We recognise that as our society changes, we need to be fully inclusive for all who use our services, and to recognise and respect their diversity and the changing nature of family units. We respect the preferences of our service users with regard to where and how they wish to live and receive care. North West Hospice is a haven for patients and families at a very vulnerable point in their lives, and we will work hard to ensure that we are as accommodating as possible for all those with whom we interact.

- **Legislation and Healthcare Regulation:** We will keep a close watch on changing legislation which may impact upon North West Hospice, in terms of both national and EU laws and provisions. We are also cognisant of the changing regulatory regime within the healthcare sector, and we will engage with the HSE, the Department of Health, and the Health Information and Quality Authority (HIQA) on all of these matters.
- **Enhancement of Corporate Information:** North West Hospice needs to look at how they can enhance corporate information in the office and on the clinical site. This may include the development and modernisation of IT systems, which would be transferable to the new capital development when it is complete. Effective IT systems are an essential support to staff and help with the management of workload.
- **Pastoral Care and Holistic Therapies:** these services form an important part of the overall service provided to patients and their families within the North West Hospice. We will develop our pastoral care and holistic therapies, which currently depend on volunteers and religious pastoral care from Sligo University Hospital.

## Our Strategic Objectives

### Core Strategic Objectives for North West Hospice

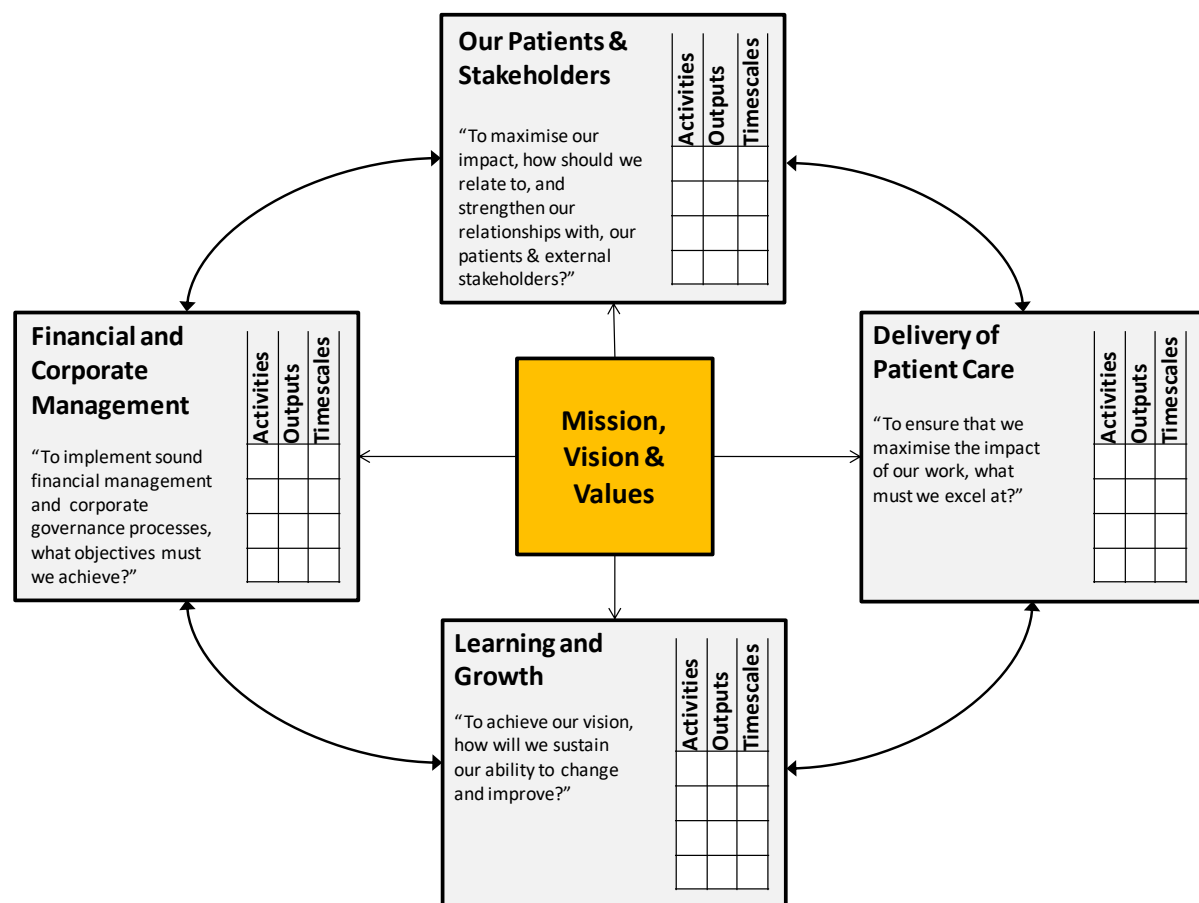
Taking into account our key challenges for the next three years, we have identified a small number of core objectives on which the organisation must focus. We have deliberately kept these few in number, in order that we concentrate our energies on reaching these objectives, all of which are critical for our future, and for our stakeholders. Each of these objectives is carried forward into our specific service plans by functional area, as presented in the next section of this strategic plan.

Our **core objectives** are as follows (in no specific order of priority):

1	To reaffirm our commitment to our patients and their families, ensuring that our standards of specialist palliative care and associated holistic support are delivered at the highest level
2	To develop our pastoral care and holistic therapies.
3	To increase the size of our inpatient unit and to redevelop the physical infrastructure of the Hospice in line with best practice in palliative care
4	To provide a palliative care service in all areas of our work – within our in-patient unit, within Sligo University Hospital, and within our community palliative care teams – which is in line with national and international best practice
5	To explore how the provision of care provided by the Hospice will change following Covid-19
6	To consider new opportunities to develop our services and capacity to fulfil our mission and vision, either individually or in partnership with other organisations
7	To cherish and develop our staff and volunteers so that they can continue to provide the highest levels of compassionate care to patients and their families
8	To ensure the financial sustainability of North West Hospice as an organisation and of its services to people with life-limiting illness
9	To ensure the organisation is governed and managed in accordance with best practice and in compliance with all regulatory and statutory requirements
10	To develop our organisational structure, resources and capacity in order to enable North West Hospice to deliver all aspects of our strategic plan over the next three years
11	To review the enhancement of corporate information both in the office and in clinical care activities.

## Translating Our Strategic Objectives into Service Delivery

To measure our corporate performance over the period 2021-23, North West Hospice will use a scorecard <sup>1</sup> which sets out our key objectives and timescales over four quadrants, representing the main areas of our focus as an organisation – our commitments to our patients and stakeholders; our plans for learning and developing as an organisation; our responsibility to deliver patient our palliative care services effectively, safely and compassionately; and our arrangements for sound financial management and good governance. Use of the scorecard provides both North West Hospice and our external stakeholders with a clear and straightforward mechanism for measuring our performance in the areas which are of greatest strategic importance.



The Core Strategic Objectives presented earlier in this document have been grouped under themes within the four quadrants (depicted above), with a short series of targeted activities and outputs, alongside clear timescales, in order to facilitate on-going monitoring of progress and measurement of our performance.

<sup>1</sup> An internationally-renowned strategy performance management tool first published in the book *The Balanced Scorecard* in 1996 by Dr David Kaplan and Robert Norton – used extensively across public, private and voluntary sectors.

## Core Strategic Objectives – Scorecard Breakdown

Responding to the challenges set out above, the strategic objectives for North West Hospice in 2021 to 2023 against each of our main areas of service delivery are as follows:

Scorecard Quadrant	Objectives and Activities		Output	Timescale
Our Patients and Stakeholders	1	To reaffirm our commitment to our patients and their families, ensuring that our standards of specialist palliative care and associated holistic support are delivered at the highest level		
	■	Regularly review and evaluate the provision of patient care, incorporating the views of patients, families and healthcare professionals, to ensure its quality and appropriateness	■ Three-yearly evaluations of each of our three main services (in-patient, hospital-based, and community palliative care), including patient feedback ■ Results of evaluations included in our annual report	■ Review/evaluation of one service each year ■ Results included in annual report
	■	We will run an annual survey of our stakeholders (patients, families, carers, staff, healthcare professionals and people in our wider community) to help us understand people's views on the work of the Hospice and our future priorities	■ Annual survey results reported on our website and within our published annual report	■ Annual survey and reporting
	■	We will engage with patients and their families in order to understand the perspectives of those who use our services and to discuss future priorities for North West Hospice	■ We will establish and implement a mechanism for engagement	■ Engagement to commence by early 2022

Scorecard Quadrant	Objectives and Activities		Output	Timescale
Our Patients and Stakeholders	<b>2</b>	<b>To develop our pastoral care and holistic therapies</b>		
	■	We will review the range of spiritual support provided within North West Hospice on an inclusive basis, recognising the diversity of those who use our services, and make enhancements or changes as necessary	■ Review and recommendations will be brought to the Board and an appropriate implementation process commenced	■ Review and recommendations by early 2022 ■ Implementation from early 2022 onwards
	■	We will review the range of holistic therapies provided within North West Hospice, and make enhancements or changes as necessary	■ Review and recommendations will be brought to the Board and an appropriate implementation process commenced	■ Review and recommendations by early 2022 ■ Implementation from early 2022 onwards

Scorecard Quadrant	Objectives and Activities		Output	Timescale
Delivery of Patient Care	<b>3</b>	<b>To increase the size of our inpatient unit and to redevelop the physical infrastructure of the Hospice in line with best practice in palliative care</b>		
	■	<b>HIGH PRIORITY:</b> We will complete our capital redevelopment programme, in collaboration with the HSE	■ Capital redevelopment complete, and new building open / all services up and running	■ Dependent on HSE funding and approvals; scheduled for Q4 2021 to commence construction

Scorecard Quadrant	Objectives and Activities	Output	Timescale
Delivery of Patient Care	<b>4</b>	<b>To provide a palliative care service in all areas of our work – within our in-patient unit, within Sligo University Hospital, and within our community palliative care teams – which is in line with international best practice</b>	
	■ We will deliver palliative care services in line with the annual Service Plan agreed with the HSE	■ Service Plan to be agreed with the HSE and signed off by both parties	■ Final sign-off by end of Q2 annually
	■ We will ensure that we are appropriately resourced with senior clinical staff, to reflect our growing caseload and complexity of work	■ We will aim to have a dedicated Director of Nursing in position on a full-time, dedicated basis ■ We will aim to have full-time pharmacy cover in place within the Hospice	■ Confirmed by end of Q3 2021 ■ Confirmed by end of Q3 2021
	■ We will examine best practice in palliative care within each of our care settings as part of on-going Quality and Safety / Training and Education initiatives	■ Full compliance with “Towards Excellence in Palliative Care Self-Assessment tool” against the “National Standards for Safer Better Healthcare”, 2014 ■ Agreed Quality Improvement recommendations from self-assessment brought to the North West Hospice executive and Board, and prioritised as appropriate ■ Service improvements will be reported in our Annual Report	■ Self-assessment complete by end of 2021 ■ Quality Improvement plans for all three care settings will be progressed and completed Q2 2021 ■ On-going self-assessment to continue to monitor progress ■ Annual: Included in Annual Report Q2 2021
	■ We will continue to work in close partnership with our colleagues in Sligo University Hospital, and with GPs, nurses and other health professionals across the North West, to ensure that we provide a highly integrated service across all aspects of care and all care pathways	■ Partnership working and service integration will be specifically reported in our Annual Report ■ We will look at how we can work with nursing homes and providers of services to the elderly	■ Annual: Included in Annual Report Q2 2021

Scorecard Quadrant	Objectives and Activities		Output	Timescale
Delivery of Patient Care	5	To explore how the provision of care by the Hospice will change following Covid-19		
	<div>■ We will consider the impact of the Covid-19 pandemic in terms of identifying and categorising future risks and recovery plans</div>	<div>■ Detailed risk assessment and future disaster recovery plans</div>	<div>■ End of 2021</div>	

Scorecard Quadrant	Objectives and Activities		Output	Timescale
Learning and Growth	6	To consider new opportunities to develop our services and capacity to fulfil our mission and vision, either individually or in partnership with other organisations		
	■ We will liaise with other organisations providing services which are relevant or complementary to palliative care	■ Engagement with other service providers, and signing of Memoranda of Understanding in relation to complementary work / joint projects, e.g. with nursing homes	■ On-going over life of strategy	
	■ We will further develop relationships with key decision-makers in relation to services which North West Hospice can offer	■ Regular engagement and six-monthly “strategic contact” report by the Hospice Manager to the North West Hospice Board	■ Annual: report to the Board	

Scorecard Quadrant	Objectives and Activities		Output	Timescale
Learning and Growth	7	To cherish and develop our staff and volunteers so that they can continue to provide the highest levels of compassionate care to patients and their families		
	■ We will enhance the training and development of Board directors, management, staff and volunteers		■ Education, Training and Development Plan	■ Annual submission to North West Hospice Board for approval by end Q4 in each year
	■ We will continue to focus on education as an essential component of our activity			
	■ Safe and supportive working environment for North West Hospice staff		■ Staff feedback mechanism	■ To be implemented by end Q1 2021 and on-going over life of plan

Scorecard Quadrant	Objectives and Activities		Output	Timescale
Financial and Corporate Management	8	To ensure the financial sustainability of North West Hospice as an organisation and of its services to people with life-limiting illness		
		<ul style="list-style-type: none"><li>■ In order to focus on the sustainability of North West Hospice as a whole, we will assess the breakeven position of each of our main activities on an annual basis</li><li>■ Increase statutory funding to cover core clinical costs to reduce reliance on fundraising as per “The HSE 3 Year Development Framework for Palliative Care (2017-2019)”</li></ul>	<ul style="list-style-type: none"><li>■ Annual breakeven review of each activity area, and reports to the North West Hospice Board</li></ul>	<ul style="list-style-type: none"><li>■ Q3 / Q4 of each year, in line with annual business planning process</li></ul>
		<ul style="list-style-type: none"><li>■ So that we may ensure our future financial sustainability, diversify our income streams and establish new revenue sources, we will develop an Fundraising Plan for approval by the Board</li><li>■ We will look at how we can use social media as an effective way to raise our profile and attract new fundraising opportunities.</li><li>■ A grant has been secured for a new website and we will look at how this website can be most effectively set up to promote income generation, such as an online element for the shop</li></ul>	<ul style="list-style-type: none"><li>■ Fundraising Plan with clear revenue targets from each of our identified activity areas, including assessment of how technology may be harnessed to meet these objectives</li></ul>	<ul style="list-style-type: none"><li>■ Sign-off of Fundraising Plan by North West Hospice Board no later than end of Q1 2021, and each succeeding year on an annual basis (ideally by end Q3 in succeeding years).</li></ul>

Scorecard Quadrant	Objectives and Activities		Output	Timescale
Financial and Corporate Management	9	To ensure the organisation is governed and managed in accordance with best practice and in compliance with all regulatory and statutory requirements		
	■	We will work on the development of a succession plan for the Board to ensure continuity and the managed replacement of Board members reaching the end of their term of office	■ Board succession plan to be drafted and discussed annually	■ Annual
	■	We will continue to strengthen the Board and our governance arrangements, including introducing new Board members with skill sets and experience which can add real value	■ New Board members to be added as current members reach the end of their terms of office, and Board makeup to be kept under review	■ On-going
	■	We will continue to fully comply with the regulatory arrangements for charities	■ Quarterly compliance report to North West Hospice Board by Hospice Manager	■ Quarterly
	■	We will continue to monitor new and existing policies within healthcare and how they will affect the service we provide.	■ Ensure understanding and compliance with the Safeguarding Policy within the Hospice ■ Review the effects of a potential new Assisted Decision-Making Policy on the service provided by the Hospice	■ Annual
	■	We will be transparent and open regarding how money is spent within North West Hospice	■ Annual report detailing our income and expenditure, in line with best practice and regulatory standards for charities	■ Annual
	■	We will maintain our formal risk register and update it monthly	■ Formal Risk Register presented quarterly to NWH Board and HSE CHO1	■ Quarterly
	■	We will look to advance our excellent working relationship with the HSE	■ Annual review of the Service Level Agreement	■ Annual

Scorecard Quadrant	Objectives and Activities		Output	Timescale
Financial and Corporate Management	10	To develop our organisational structure, resources and capacity in order to enable North West Hospice to deliver all aspects of our strategic plan over the next three years		
	■	Recognising that our organisational structure has current capacity constraints, we will strengthen our executive and administrative structure / resources by making targeted changes and additions to our structure	■ Report and recommendations to North West Hospice Board ■ New positions in place via formal recruitment process	■ New positions in place in line with recommended timescales
	■	We will ensure that our organisation has effective reporting, internal control and accounting systems	■ Review and reports on the systems of internal control, reporting and accounting to ensure that they are sufficient to support North West Hospice to the best standards	■ Initial report by end of Q2 2021 followed by a bi-annual review
	■	Using the scorecard presented in this strategic plan, we will develop performance management arrangements to help us monitor and report progress and achievement against targets	■ Agree performance management targets and reporting mechanism ■ Reporting of achievement against targets	■ Board agreement by end of Q1 2021 ■ Monthly (internal); Annually (external reporting)

Scorecard Quadrant	Objectives and Activities		Output	Timescale
Financial and Corporate Management	11	To review the enhancement of corporate information both in the office and in clinical care activities		
	■ We will look at technologies and digital solutions to improve how we provide our service.	■ Review how reports which are currently recorded manually might be recorded digitally. ■ Ensure our staffs have functional, appropriate technology in order effectively perform their duties. ■ Review how clinical information and clinical process could be digitalised to help improve staff workload. ■ Upgrading of our IT hardware and software	■ End of Q3 2021	
	■ Develop management information system for strategic decision-making	■ Improved data collection mechanisms identified and developed that can improve delivery or affect services	■ End of Q4 2021	
	■ Improve the digital skills of our staff	■ Provide training to all staff on the use of IT systems to ensure their most effective use	■ End of Q4 2021	

## Next Steps

This strategic plan will provide the foundation for our work over the next three years. Central to the development of North West Hospice will be our proposed capital rebuilding programme, which will enable us to deliver an enhanced level of care to more patients, meeting the growing demand for our services in the North-West region for many years to come. We will also ensure that we are appropriately resourced with senior medical and nursing staff, to reflect our growing caseload and complexity of work. And as we grow, we will also work hard to preserve the ethos and spirit which makes North West Hospice such a special place for those in need of the palliative care we provide in our In-Patient Unit, in Sligo University Hospital and in the community.

## Palliative care: Glossary of terms

**Advance care planning:** The process of discussing the type of treatment and care that a patient would or would not wish to receive in the event that they lose capacity to decide or are unable to express a preference, for example their preferred place of care and who they would want to be involved in making decisions on their behalf. It seeks to create a record of a patient's wishes and values, preferences and decisions, to ensure that care is planned and delivered in a way that meets their needs and involves and meets the needs of those close to the patient.

**Care pathway:** Anticipated / planned care placed in an appropriate time frame, written and agreed by a multidisciplinary team.

**Clinician:** A health professional, such as a doctor or nurse, involved in clinical practice.

**End of life:** Patients are 'approaching the end of life' when they are likely to die within the next 12 months. This includes those patients who are "actively dying" and whose death is expected within hours or days; those who have advanced, progressive incurable conditions; those with general frailty and co-existing conditions that mean they are expected to die within 12 months; those at risk of dying from a sudden acute crisis in an existing condition; and those with life-threatening acute conditions caused by sudden catastrophic events. The term 'approaching the end of life' can also apply to patients who are diagnosed as being in a persistent vegetative state (PVS) for whom a decision to withdraw treatment and care may lead to their death.

**End stage:** The final period or phase in the course of a progressive disease leading to a patient's death.

**Hospice:** A special way of caring for people with terminal illnesses and their families by meeting the patient's physical, emotional, social, and spiritual needs, as well as the needs of the family. The goals of hospice are to keep the patient as comfortable as possible by relieving pain and other symptoms; to prepare for a death that follows the wishes and needs of the patient; and to reassure both the patient and family members by helping them to understand and manage what is happening.

**Hospice Home Care:** Many hospice patients receive care while living in their homes. Home hospice patients have family members or friends who provide most of their care, with help and support from the specialist community palliative care team. The specialist community palliative care team visits at the house to provide medical and nursing care, emotional support, counseling, information, instruction and practical help.

**Palliative care:** The holistic care of patients with advanced, progressive, incurable illness, focused on the management of a patient's pain and other distressing symptoms and the provision of psychological, social and spiritual support to patients and their family. Palliative care is not dependent on diagnosis or prognosis, and can be provided at any stage of a patient's illness, not only in the last few days of life. The objective is to support patients to live as well as possible until they die and to die with dignity.



## **Strategic Plan 2021-23**

**North West Hospice:**  
**Registered Office: The Mall, Sligo**  
**Company Registered Number: 119501**  
**Registered Charity Number: CHY 7983**  
**Charity Regulator Number: 20018863**