



**South Bucks Hospice**  
Affirming life with palliative care

# **South Bucks Hospice Strategic Plan 2015 - 2018**



# Welcome



**South Bucks Hospice is an organisation with a clear vision, one which aims to transform the provision of end of life care for those living with a life-limiting illness.**

Our community can be justly proud of the way it has developed and supported its local day Hospice since it was founded in 1986. However, in an ever changing society, we need to be flexible and ready to respond to a host of external drivers, such as changing Government legislation and changes in the provision of finance.

The care and services which we provide to our patients are continually enhanced through user feedback, social audits, scientific research and on-going education. We work to progressively develop our excellent services, and we continually monitor our own work in order to ensure that it remains highly effective.

South Bucks Hospice offers non-residential daytime care, supporting the needs of patients who wish to remain at home with their loved ones. **We fill the gap between patient independence and full residential care, maximising quality of life and providing a valuable service in today's independent society.**

Today, we face unprecedented increases in the average age of our country's population. As the number of people aged 80 and over is

predicted to double in the next decade, there will be an associated increase in the incidence of chronic and debilitating illnesses. South Bucks Hospice is responding to these predicted changes in demographics by expanding and extending the range and quality of services. Central to this is the construction of our new purpose built Community Day Hospice.

To date, the work of our Hospice has been supported primarily through voluntary funding. However, a sustainable income depends not only on our local reputation in providing high quality services, but also in building a range of funding and income streams.

We are entering one of the most challenging and crucial phases in the life of South Bucks Hospice. Our new Community Hospice will position us to increase dramatically the reach that we have in providing vital end of life care and services to our community.

We look forward to the next three years with confidence and enthusiasm.

A handwritten signature in black ink that reads "Jo Woolf". The signature is fluid and cursive, with a long horizontal stroke at the end.

Jo Woolf  
Chief Executive

# About Us

## Who We Are

South Bucks Hospice is a local charity based in High Wycombe, Buckinghamshire. We offer day facilities, clinical procedures and holistic therapies to individuals with life-limiting illnesses. Limitations of space mean that at present we operate our services from two separate sites and can only take a limited number of wheelchair users. We are currently unable to cater to the needs of young adults.

## Who We Help

We support our patients, their families and carers in and around South Buckinghamshire, helping them to cope with progressive, incurable illness, death and bereavement.

We extend our services to anyone with the diagnosis of Cancer or a life-limiting non-Cancer illness such as Multiple Sclerosis, Motor Neurone, Parkinson's, Vascular and Respiratory diseases.

## What We Do

We provide specialist palliative and end of life care for individuals diagnosed with life-limiting illnesses.

Palliative care can begin at any stage of a serious life-limiting illness and is aimed at helping a patient to live with their diagnosis.

All our services are provided free of charge.

## We work hard to improve the quality of our patients' lives.

We provide and teach practical methods for our patients, their families and carers to help them cope with day-to-day challenges.

We also provide a highly specialist Lymphoedema service to our local population. We educate our patients, their families and carers and healthcare professionals as to the management of this condition. Our Hospice offers the four cornerstones of care as recognised by the British Lymphology Society (compression, skin care, self-lymphatic drainage and exercise). We are not just about treatments, but also human fellowship, relationships, emotional support and sharing.

We provide advice and support to all professional allied health and social care organisations involved in our patients' palliative and end of life care.

We offer an in depth assessment and comprehensive plan for care and support in co-ordination of complex medical needs.

Our approach is one of holistic care and includes support for carers and families of our patients.

## How We Fund What We Do

Our services are mostly supported primarily from voluntary funding.

# Challenges in Healthcare

**The fact that more people are living longer, means that the requirement for supporting those with life-limiting illnesses will increase exponentially.**

We are determined to be ready for this demand by increasing the services we offer and by improving access to those services for all of our local population. This includes creating a dedicated space and programme for young adults with end of life illnesses.

There is so much to be done to improve the lives of patients who have life-limiting illnesses. Developments in science and medicine have changed our perception of health and of death. We have entered a time when the effectiveness of new technologies means that many people may live with not just one, but a number of illnesses simultaneously.

South Bucks Hospice has the opportunity to make a significant impact on these developments. We do so as a charity that exists, not to **cure**, but to alleviate the psychological and physical suffering of our patients as they approach the end of their life.

With growing public concern and expectations about the nature and quality of care provided at the end of life, we know that more must be done to ensure that our services are widely promoted and easily accessible to all potential patients in our community. We are reaching out to all parts of our local population, both in terms of improved

communication and by the way in which we offer our services. Addressing the ethical and practical basis for improving access to hospice support requires careful consideration, not only of the needs of individuals as they approach death, but also the needs and resources of families, the community and wider society.

**Surveys, both national and local, tell us that the large majority of people would prefer to die at home with adequate support and care. However, in reality, many people still die in busy hospital wards or in Accident and Emergency.**

We have a close working relationship with all the essential palliative care organisations in the area and, though we have three residential hospices on our borders, we remain the only dedicated community day hospice. Our services are in high demand because most people would prefer to die at home. Furthermore, we are associated with enhanced living rather than with dying.

Medical care continues to change. The continuing development of new drugs and treatments places an ever increasing strain on resources for current end of life care. This is particularly relevant when assessing the most appropriate time for a patient to move from medical intervention to an approach that focuses on ensuring that they have the best quality of life for the remainder of their lives.

Many of us are living longer with multiple life-limiting illnesses than ever before. **Modern health services are good at saving lives but the real challenge is what we do to promote the quality of the lives that are extended.**

Paradoxically, there is also a rise in the number of young people diagnosed with life-limiting illnesses. Taken together, this means that there is an ever growing need for services to help those living with such illnesses.

We offer our services to a population of some 350,000 people, including many different ethnic groups. Our demographics are such that the number of people exceeding the age of 80 will double over the next decade with a consequent increase in those suffering from multiple medical conditions. Together, these factors represent an increasing and varied demand for our services and a challenge as to how we reach out to these groups.

## Statistics Show...

5,015

Potential people requiring  
palliative care in the NHS  
Chiltern area

Source: Marie Curie Atlas

1 in 2

of us will develop  
Cancer at some point  
in our lives

Source: Cancer Research UK

1,848

People receiving  
palliative care in the  
NHS Chiltern area

Source: Marie Curie Atlas

# Our Strategic Plan

## Our Vision

Our vision is to transform the provision of end of life care for those living with life-limiting illnesses by maximising the **quality** of our patients, their families and carers lives.

## Our Mission

We aspire to be the leading community resource for supporting patients and their families coping with life-limiting illness, death, bereavement and grief. Together we will lead and mobilise social change in relation to end of life care.

We will do this through the provision of non-residential care, supporting the needs of patients who wish to remain at home with their loved ones.

Our care and support extends to the carers and families of the patients, helping them to remain independent and healthy, which in turn benefits the entire local community.

## What We Want To Do

In order to achieve our vision of a highly effective holistic clinical and therapeutic experience for our patients, we must have the right facilities, the proper equipment, and a pleasant, healing and caring environment. To this end, we have worked extremely hard towards designing a new Community Hospice for our patients, their families and carers.

This new day facility will enable us to deliver our vision of care in the future as we work tirelessly to achieve our strategic goals. Having the new Hospice facility is therefore critical to us achieving our vision.

A key element of our vision is to move away from the assumption that the dying process can be slotted into a standardised care plan. Our therapeutic model ensures that we are not afraid to embrace the true existential needs of patients, their families and carers.

## Who Influenced Our Strategic Plan

We have listened to the feedback of our patients, their families and carers. We have researched the national and regional predictions for end of life care<sup>1</sup>. As a result of this continuous review of our patients' requirements, and by consulting widely with our patients, staff and volunteers, we have developed a number of key strategic goals for the next three years. We also continue to remain abreast of international developments in hospice care.

<sup>1</sup> <http://www.nationalvoices.org.uk/every-moment-counts-new-vision-coordinated-care-people-near-end-life-calls-brave-conversations>

# Our Strategic Goals

1

## Improve and grow our patient services.

We shall continue to develop our services, while remaining open to new ideas for total care of our patients.

Increasing numbers of people need and want to use our services. We are preparing to meet this future demand by building a new Community Day Hospice where we will be able to provide a wider range of services to support the growing number of those who need us.

2

## Educate, train and develop.

We will provide education, training and development opportunities to those who use our services and for the staff who develop and administer them.

3

## Increase our income in order to fund our expansion.

We will grow and diversify our income streams in order to build and maintain our new Hospice and the growth in our expanded range of activities.

4

## Enhance our engagement with the community.

The local community is at the heart of our strategy, so we need to be effectively engaged with them.

Our ambitious project to build a new Hospice will only succeed with the help and support of many people from across our community who are working together to make it possible. We have managed to build up a wonderful groundswell of community support, which we will continue to nurture.

**“I learned about a lot of things in medical school, but mortality wasn’t one of them”**

*Atul Gawande*



## **Strategic Goal 1:**

### **Improve and grow our patient services.**

#### **How we will do this:**

##### **New Community Day Hospice**

We will construct a new purpose built hospice by 2017.

##### **Communication**

We will launch our new Skype programme which will allow our patients, their families and carers to access nursing and psychological support from their own homes.

##### **Coordination of Complex Care Needs**

We will continue to develop our support service, coordinating complex care plans in response to changing needs. We will continue to work closely with healthcare professionals and commissioning groups.

##### **Pain Management**

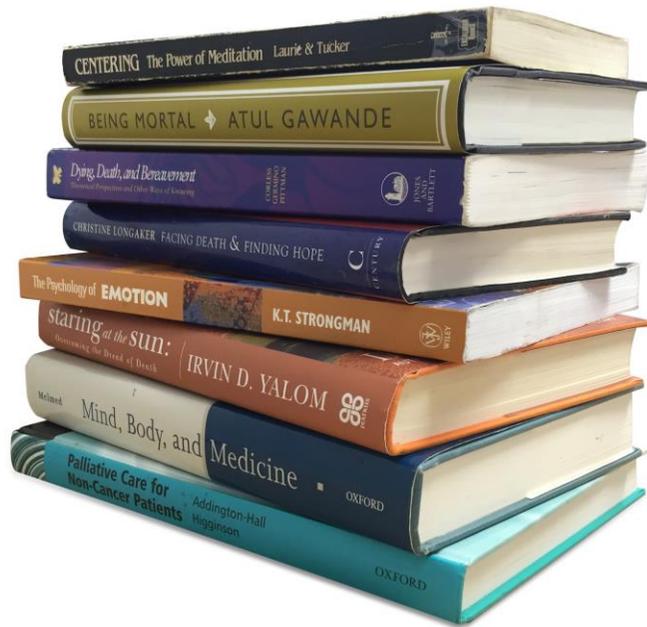
We will introduce new types of specialist palliative care and increase our range of clinical and therapeutic activities.

##### **Care in the Community**

We will offer new community services. We will do this by introducing community care staff who will support patients, their families and carers in their own homes. We will develop services specifically for young adults with life-limiting illnesses.

##### **Monitoring and Evaluation**

We will continue to measure and report on the value and impact of our services.



## Strategic Goal 2:

### Educate, train and develop.

#### How we will do this:

##### Educational Literature

We will continuously review and update our educational literature and identify any additional needs. We will ensure that our literature can be easily accessed, and easily understood. Our website will be upgraded to accommodate this.

##### Educational Events

We will hold community educational events to raise awareness and improve understanding of palliative care. Our new building will include space and resources dedicated to clinical and psychosocial training and education.

##### Staff and Volunteer Training

We will continue to develop the skills and proficiency of our staff and volunteers by identifying learning needs and providing appropriate training. We will support ongoing professional development and will follow the annual performance review process for staff.

##### Research Project

We will implement a research project to inform and support the development of our services.



## **Strategic Goal 3:**

**Increase our income in order to fund our expansion.**

### **How we will do this:**

#### **Fundraising Campaigns**

We will invest in new fundraising campaigns to raise funds for the build of the new Hospice and its ongoing running costs. We will do this through campaigns to promote regular giving, Gift Aid, legacies and hospice lottery ticket sales.

#### **Trusts and Foundations**

We will apply to trusts and foundations to support our work.

#### **Retail**

We will review our retail strategy and look at ways to diversify and improve.

#### **Efficiency**

We will ensure that we use our funds as efficiently and effectively as we can. We will do this through improved reporting and by continually reviewing our systems and processes.



## Strategic Goal 4:

# Enhance our engagement with the community.

### How we will do this:

#### Awareness

We will promote our services within the local community to ensure greater awareness of the care we provide.

#### Networking

We will strengthen our partnerships and grow our existing supporter networks.

#### Marketing

We will improve our marketing, branding and engagement with the media.

#### Volunteer Recruitment

We will undertake intergenerational volunteering recruitment campaigns, providing volunteering opportunities within the community.



# South Bucks Hospice

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## Find Out More

For more information about South Bucks Hospice and our strategic plans, please contact us at:

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South Bucks Hospice



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