



LONGFIELD

Community Hospice Care



LONGFIELD COMMUNITY HOSPICE STRATEGIC PLAN 2021 - 2024

Registered Charity Number: 298627

CONTENTS

PAGES 2-3	Introduction from our Chair and CEO
PAGES 4-5	Our purpose
PAGE 6	Our strategic framework
PAGE 7	Strategic aim 1: Offer wellbeing services to meet more diverse needs in more places
PAGE 8	Strategic aim 2: Increase the impact of our end-of-life care
PAGE 9	Strategic aim 3: Provide greater support to families and carers
PAGE 10	Strategic aim 4: Grow our net income sustainably
PAGE 11	Strategic aim 5: Develop our people and culture, systems and infrastructure
PAGE 12	How you can help



INTRODUCTION FROM OUR CHAIR AND CEO

For over 30 years, Longfield Community Hospice has played an important part in the provision of healthcare across Gloucestershire. This document sets out an exciting and ambitious new strategy for the next three years, 2021-24. To help understand our plans we first want to provide some background on Longfield.

In the late 1980s, a local health visitor, Barbara Curd, and a MacMillan nurse, Helen Hutchinson, were so concerned that scared and isolated cancer patients had nowhere to go, following terrifying surgery and chemotherapy, they started taking them into their own homes. Together with local GP, Andrew Boddam-Whetam, and John Gibb, the former Bishop of Coventry, they raised funds and in 1988 founded a charity hospice for the community.



We have come a long way over the last 33 years. Where once there was no provision outside the NHS, Longfield has grown as part of a vital nationwide hospice movement. Like all organisations it is important to take stock and consider our future development based on what we have learned. We have reviewed and refreshed our vision, mission and values. We have thought about the things that make us special and different, and discussed with our stakeholders how to reinforce these. We have considered the small but important role we play in the wider health and social care system and how we can use our strengths to add value to it as a partner. We have also considered what we could be doing better. It is these areas to which our new strategy gives focus over the next three years.

We do not have an in-patient unit (IPU) at the hospice. Medical professionals assure us one is not needed or in line with the latest approach to end-of-life care, which is to enable as many people as possible to die in the place they choose – overwhelmingly their own home. Establishing and maintaining a bedded unit would in any case be financially unsustainable and mean we reach fewer people when we believe many more need our support.



Instead, Longfield's core offer to the people of Gloucestershire is our ability to provide personalised care for patients, and their families and carers too, across all three stages of the palliative care pathway – enabling the whole family to live well following the diagnosis of a life-limiting condition, caring for someone so they can die as comfortably as possible in their own home, and supporting their family and carers throughout and in bereavement. We deliver this support holistically, in partnership with other professionals, so people's physical, emotional and spiritual needs are met, and their overall wellbeing is enhanced.

Our new strategy comes during the COVID-19 pandemic, which has demonstrated even greater need for our work and necessitated new ways of working. The pandemic is ongoing and likely to have an impact on all aspects of this strategy's implementation. Therefore, we will remain alert and agile, and adjust our delivery of the strategy where necessary.

Over the next three years, we plan to increase our support for families and carers, because otherwise their own health is affected, and this impacts patients and the NHS. We will also place greater emphasis on providing services that improve wellbeing both at the hospice and closer to where people live, while partnering much more with NHS specialist palliative care providers and others, so the public benefit from more integrated end-of-life services.

Longer term, our ambition is to help influence greater societal acceptance and openness that death is a natural part of life, as well as to help deliver enough palliative and end-of-life care across Gloucestershire to ensure the growing need for it is met more fully than it is today. Continuing to learn as we journey forward, this ambition will guide us over the coming years.



ALAN SIMMONS, CHAIR OF TRUSTEES, AND SIMON BERNSTEIN, CEO



OUR PURPOSE

OUR VISION

Articulates what we want the palliative care landscape across the UK to look like in 20 years

EVERYONE WITH A LIFE-LIMITING CONDITION HAS ACCESS TO EXCELLENT PALLIATIVE AND END-OF-LIFE CARE, AND SUPPORT FOR THEIR LOVED ONES FROM DIAGNOSIS INTO BEREAVEMENT.



OUR MISSION

Sums up Longfield's contribution to achieving the vision

TO ENABLE PEOPLE IN GLOUCESTERSHIRE DIAGNOSED WITH LIFE-LIMITING CONDITIONS TO LIVE WELL AND DIE COMFORTABLY, AND THEIR FAMILIES AND CARERS TO FEEL SUPPORTED THROUGHOUT AND IN BEREAVEMENT.



OUR VALUES

Underpin our culture - what we do and how we do it

COMPASSIONATE



"From our perspective, mum died in a lot of love. Really and truly, that was down to the care she was given at the end of her life by everyone from Longfield." Linda

We care deeply about our patients, families and carers - and it shows. For us, caring is much more than a job: we put our heart and soul into it, delivering services with kindness, respect and empathy.

HOLISTIC



"John took part in activities like art, massage and Reiki and I had counselling. I've had calls from the team, just to see how I am. You make us feel so valued and cared for." Robin

Our skilled and experienced care encompasses the many needs of our patients, families and carers – clinical, emotional, social and spiritual – all designed to improve people's wellbeing.

RESPONSIVE



"Mum had a brain tumour and we were starting to lose the woman we knew. The team spoke to her as a fully sentient human being. They offered her favourite perfume and put mascara on for her. They attended to all the signature details of who she was." Esther

We ask questions and listen carefully, so we understand what is important to our patients and their families. We're not afraid to innovate and do things differently to get the job done.

COLLABORATIVE



"Your team came to say hello the same day Douglas was discharged from hospital. The following morning, they started his care. It was such an efficient and friendly introduction. I felt we were in safe hands." Dierdre

We collaborate and share, tapping into the expertise of others to help bridge any gaps in the system, so that people experience the best care possible.

TRANSFORMATIVE

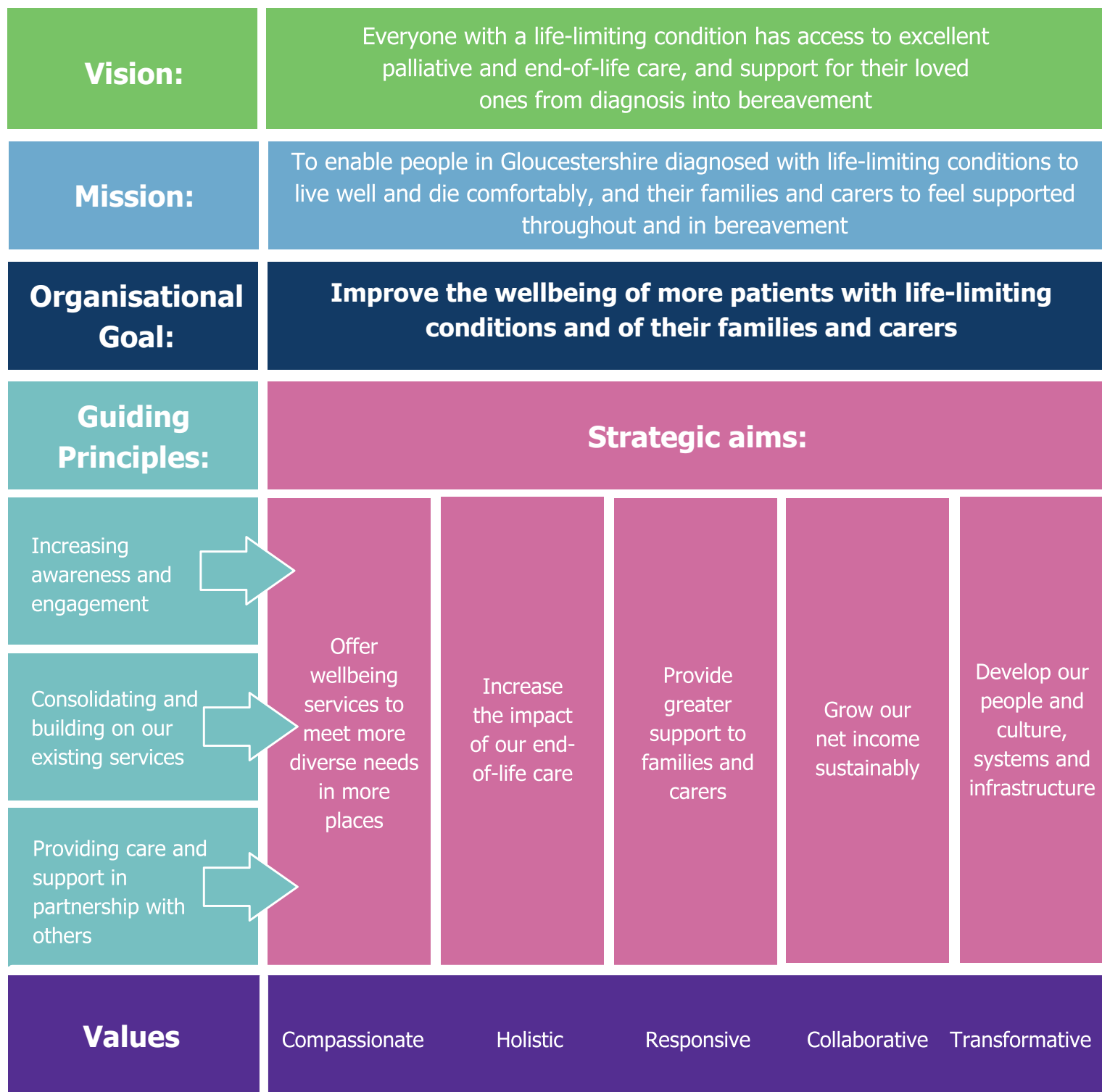


"When he got the diagnosis, Tristan said: 'Am I going to die a long, lingering death? No. I'm going to live every minute to the fullest.' Longfield helped him make that happen - no doubt in my mind." Anne

We focus on where we can create the most impact, transforming people's experiences of life and death. Our passion and optimism help enable people to feel good and function well.

OUR STRATEGIC FRAMEWORK

One over-arching goal, three guiding principles and five strategic aims provide the framework for our strategy over the next three years, 2021-24.



STRATEGIC AIM I: OFFER WELLBEING SERVICES TO MEET MORE DIVERSE NEEDS IN MORE PLACES

WHAT CAN WE IMPROVE?

- The public, health and social care professionals are largely unaware of the free services offered at the hospice, resulting in low referral numbers on diagnosis as well as fewer recommendations to patients, carers and family members than we would like.
- A widespread belief that hospices are places to go to die and misconceptions that Longfield has a bedded unit stop many people from coming to us.
- There is a need to support people with a wider range of life-limiting conditions than cancer and a more diverse population than we do currently.
- Patients and their family members often visit a multitude of clinical services, missing out on Longfield's holistic range of services offered under one roof.



WHAT WILL THIS LOOK LIKE?

- We actively engage with healthcare professionals to improve understanding of what Longfield can offer their patients, carers and families, and increase timely referrals. We also engage with patient support groups to encourage self-referrals.
- We partner with others to bring skills and expertise that complement our own and extend our wellbeing and clinical services, including hosting more out-patient clinics.
- We provide services for people with a wider range of life-limiting conditions, alongside cancer patients, including neurological conditions, respiratory illnesses, organ failure, and dementia where there is a growing need.
- We focus on expanding our wellbeing services, recognising the NHS' expertise and strengths in specialist palliative care and identifying gaps where together we can add value to clinical provision.
- We consolidate our holistic approach and promote the hospice as a 'Wellbeing Centre' at which people can understand and express their feelings, gain information and advice, feel better, manage their symptoms, and build friendships.
- We design flexible rehabilitative services to fit with people's lifestyles, offering short- and long-term interventions, drop-ins, half or full-days with or without lunch, and evening sessions – for individuals and groups.
- Once the Wellbeing Centre is running successfully, we also offer support closer to where people live, encouraging greater interaction with diverse communities.
- We open the hospice's fantastic facilities including the art, creative and purpose-built conference facilities and gardens for use by other community groups, health professionals and organisations, while ensuring patient care remains our priority.
- We use digital technology to help provide care and support in imaginative ways, building on the opportunities highlighted during the COVID pandemic.

STRATEGIC AIM 2: INCREASE THE IMPACT OF OUR END-OF-LIFE CARE

WHAT CAN WE IMPROVE?

- Currently, only 40% of our essential Hospice at Home service costs are funded by the NHS.
- We cannot always provide care for Hospice at Home patients referred in every location due to the NHS funding package, travel time, and the nature of care required.
- The existing capacity of our workforce is a major factor in us being unable to accept referrals, including difficulties in recruiting to our roles.
- System inefficiencies, such as the inability to share electronic records with other healthcare professionals, can cause delays for end-of-life patients.

WHAT WILL THIS LOOK LIKE?

- We improve ways of working to increase effectiveness, making the best use of our team's time and enhancing their skills and confidence to provide higher quality interventions which avoid delays for patients and save NHS time. We work more closely with other healthcare professionals to accept a greater proportion of referrals and deliver high quality care in more patients' homes.
- We adopt the same electronic records system as the local NHS to input and share two-way, real time, information on patients with them and other end-of-life providers.
- After review, we consider investing greater resources in the Hospice at Home service, potentially in locality teams, so we can reach more people in their homes.



STRATEGIC AIM 3: PROVIDE GREATER SUPPORT TO FAMILIES AND CARERS

WHAT CAN WE IMPROVE?

- The pandemic has encouraged greater openness about death and dying, and highlighted the importance of bereavement support, leading to increased demand for services on top of growth resulting from an ageing population. We cannot meet this increased demand with our existing resources.
- Except for bereavement services, we do not sufficiently prioritise the wellbeing needs of families and carers through other stages of the patient's palliative care pathway.
- Caring for a loved one who is dying is a huge strain, physically and emotionally. Following diagnosis, carers may not know a patient is dying or what to expect. They may be confused by the advice on offer, feel isolated and have little opportunity for respite. Carers' health impacts on the care of patients and on the NHS.
- Our pastoral care is not currently geared to supporting people of all faiths and none.
- There is a need for more end-of-life training among professional and informal carers, which we could help to address as an existing Gold Standards Framework regional training centre.

WHAT WILL THIS LOOK LIKE?

- We support more family members and carers to live well, to care well and in bereavement, by investing in a Family & Carer Support Service combining counselling, bereavement counselling, family and carer support, and spiritual care.
- We integrate this service into all three stages of the care pathway (living well, dying in comfort, support in bereavement) to provide appropriate holistic interventions for families and carers, as well as patients.
- We continue delivering one-to-one bereavement services (face to face, virtual and telephone), bereavement groups, walk and talk, and remembrance services, while exploring new services and recognising people's other care or work commitments.
- We explore through client participation groups what families and carers need and want, including respite, wellbeing therapies, counselling and social support groups.
- We strengthen partnerships with other carers' and bereavement organisations to meet demand. We signpost to services specifically for children and young people.
- We offer spiritual care that is sensitive to different beliefs and appropriate to each individual, forging relationships with different faith leaders in order to seek guidance and input on relevant care and support for patients and families.
- We consider extending our education provision to carers and families, and the wider general public, with a mix of paid and free workshops at the hospice and online.



STRATEGIC AIM 4: GROW OUR NET INCOME SUSTAINABLY

WHAT CAN WE IMPROVE?

- The number of active supporters should be higher for an established charity and returns could be better, though fundraising has been under-resourced for some years.
- While the retail operation has grown to 20 shops and an eBay store, profitability per shop is variable and there is potential for more Gift Aid to be claimed.
- We have outgrown the existing retail warehouse and the eBay operation needs a proper home to realise its potential, rather than being run from the back of a shop.
- Our shops are not used sufficiently to promote our services and fundraising, including as patient referral points or, where space, to host events.

WHAT WILL THIS LOOK LIKE?

- We invest in fundraising and grow income through trusts, individuals, major donors, companies, local communities and legacies. We secure a new database to support fundraising and benefit from the analyses and online integrations it brings.
- We review our retail operations to maximise future returns. We consider relocating the warehouse to a more accessible location with capacity for the eBay operation and potentially a furniture shop. We assess opening hours, seek to relocate less profitable shops and maximise Gift Aid from donated items. We use our shops to raise awareness of our work, promote our services and fundraising.



STRATEGIC AIM 5: DEVELOP OUR PEOPLE AND CULTURE, SYSTEMS AND INFRASTRUCTURE

WHAT CAN WE IMPROVE?

- Longfield offers excellent flexible working opportunities and staff feedback is positive. However, our salary scales and organisational structure can limit opportunities for career progression. Recruitment is difficult for some roles and staff development and training need reviewing.
- Over 400 volunteers contribute to our work, but little resource is dedicated to their support, and some may not return after the pandemic. We are missing opportunities to engage new and younger volunteers, as well as develop new roles and training to maximise volunteers' skills and job satisfaction.
- We have good gender and disability diversity among our workforce, but age, BAME (Black, Asian and minority ethnic) and LGBT (lesbian, gay, bi-sexual and trans) representation are less diverse. We aspire for our staff and volunteers to represent the diversity of the communities in which we work and seek to work.
- As a regulated healthcare organisation, we have a duty to maintain the quality and safety of our care, and evidence that standards are upheld. This is a constant task, and we acknowledge there is always more work to do on clinical governance.
- Our use of technology lags behind many other hospices and charities. Considerable time is spent maintaining manual and outdated systems. An external review of our IT systems and infrastructure identified significant issues, which we are addressing.
- Road signage to the hospice is poor and our location, hidden from the main road, means people pass by unaware we exist. We could do more inside the building to showcase our work.

WHAT WILL THIS LOOK LIKE?

- We develop a people strategy to define our organisational culture, structure and decision-making, including staff rewards and benefits, training and development. This will enhance our ability to recruit and retain people who better reflect the communities in which we work and seek to work.
- We develop a strategy for the recruitment, management and development of volunteers, which takes account of people's motivations for giving their time and enables them to benefit from volunteering as much as we do.
- We review our clinical governance to ensure the quality and safety levels we require for an organisation of our size and complexity.
- We secure technology and systems to maximise efficiency, improve integration with external healthcare systems, and provide better management of our data and reporting across all areas of our work.
- We improve road signage to the hospice and messaging within the building.



HOW YOU CAN HELP

This strategy has been produced during the COVID pandemic, which continues to require all kinds of restrictions on normal life even as the document is published. Over the coming months, and possibly years, our health and social care system will be dealing with a huge backlog of undiagnosed life-limiting conditions, patients experiencing Long COVID symptoms, and more bereaved families than usual.

Our strategy envisages significant changes in the way we operate to enable us to reach many more people across Gloucestershire. Implementing this transformation will be particularly challenging in the context of the pandemic and increased pressures on the system. While this strategy sets out a direction of travel, we acknowledge it should be dynamic and we stand ready to evolve our services in response to the changing needs of the local population.

Whatever the future may hold, we are determined and ambitious in our plans to develop palliative and end-of-life care services across Gloucestershire, in partnership with others. We have set our sights high because we believe everyone deserves high quality care at the end of life.

Thank you for taking the time to read our strategy. We would welcome your thoughts on our plans and how well we are delivering them – please let us have any feedback at info@longfield.org.uk

You can find other ways to get involved in our work on the back page.





LONGFIELD

Community Hospice Care

GET INVOLVED

VOLUNTEER



We place huge value on people who choose to volunteer their time. Whether you can give a corporate day or regular time, please get in touch longfield.org.uk/volunteering

WORK WITH US



We offer flexible working, a stunning environment and a talented, friendly team to work with. See our current vacancies longfield.org.uk/our-jobs

VISIT OUR SHOPS



We have 20 shops across Gloucestershire and an eBay store, where you find great bargains and donate your pre-loved items longfield.org.uk/shops

DONATE AND FUNDRAISE



We are a charity dependent on public support. Over 85% of our income comes from community fundraising, donations, retail sales and gifts in Wills, enabling us to continue our work across Gloucestershire. To speak with a member of the fundraising team about a donation or fundraising idea, give us a call on 01453 886868 or to donate online, visit longfield.org.uk/donate

USE OUR SERVICES



To organise end-of-life care at home, you need a referral from a healthcare professional, such as a district nurse or GP. Patients and unpaid carers can access free counselling, therapies and wellbeing support at the hospice by calling us on 01453 886868. Find out more about our services longfield.org.uk/hospice-services

KEEP IN TOUCH



To let us know how you'd prefer to hear from us, email supporteradmin@longfield.org.uk or call 01453 886868. To keep up to date with our work and news, sign up to our e-newsletter at longfield.org.uk/e-newsletter

PARTNER WITH US



If you share our passion to help people with life-limiting conditions and their carers and families, and have relevant skills and expertise, we would love to hear from you at info@longfield.org.uk

 [@LongfieldHospice](https://www.facebook.com/LongfieldHospice)

 [@LongfieldHospice](https://twitter.com/LongfieldHospice)

 [@longfield_care](https://www.instagram.com/longfield_care)



Longfield Hospice Care, Burleigh Lane, Minchinhampton, Gloucestershire, GL5 2PQ

Tel: 01453 886868, Email: info@longfield.org.uk

Patron: HRH The Prince of Wales, KG, KT, GCB, OM, AK, QSO, CC, PC, ADC

 longfield.org.uk