

July – November 2020

# Trustee Strategic Review

Direction of Travel for Services, Finance and Funding Model and Organisation Structure





## Context of Review

Harlington Hospice is at a crossroads. We have doubled our turnover and staffing team in the last year. New services have begun and been established at pace. Major development plans have been successful.

- **Reopening Michael Sobell Hospice (MSH).**
- **Integration of contracts and services to form Harlington Care as a new CQC service.**
- **Addressing cyclical financial deficit.**
- **Three TUPE transfers in 2019.**

This review provided the Board of Trustees and Executive with time to consider the future plans for Harlington Hospice and the needs of its beneficiaries.

The review focused on three main areas:

- **The Need for Hospice Care and to agree the Strategic Direction and Principles of Service Development.**
- **Sustainability of the charity's income sources and business models. How funding impacts on achieving charitable purposes in the short, medium and longer term.**
- **Benefits and risks of partnership working, merger or dissolution to be more effective in meeting the charity's objectives.**

Trustees recognised that because of the impact of the pandemic there is a need to refocus resources at short notice. In addition, the NHS restructure and uncertainty of the UK economy make long-term planning difficult.

To respond to these challenges the outcomes for the review provide principles and a framework for the Executive to work within.

In addition, the nature of our strategic planning is moving to an iterative model, meaning we will be reviewing the objectives and deliverables every 6 months, making changes as needed, to enable us to be responsive.



## Strategic Aims

We have identified four main areas of work for the next 18 months. These are:

### Working with others to meet people's needs

Development of End of Life care as an integrated service within the wider health and social care provision will continue to be our main focus and this can only be optimally achieved working with our partners across the local health and social care economy.

### Achieving financial stability

Long-term financial stability and viability will continue to be a key driver enabling us to deliver all our strategic aims and objectives.

### Improving care through staff and service development

Ensuring we provide personalised and safe care is the most important area of our work.

### Strengthening structures in response to rapid growth and development

We will review the resources we require to support new governance structures, to achieve improved business and organisational information and to increase our human resources infrastructure.

# Current & Future Need

## Information on London Borough of Hillingdon

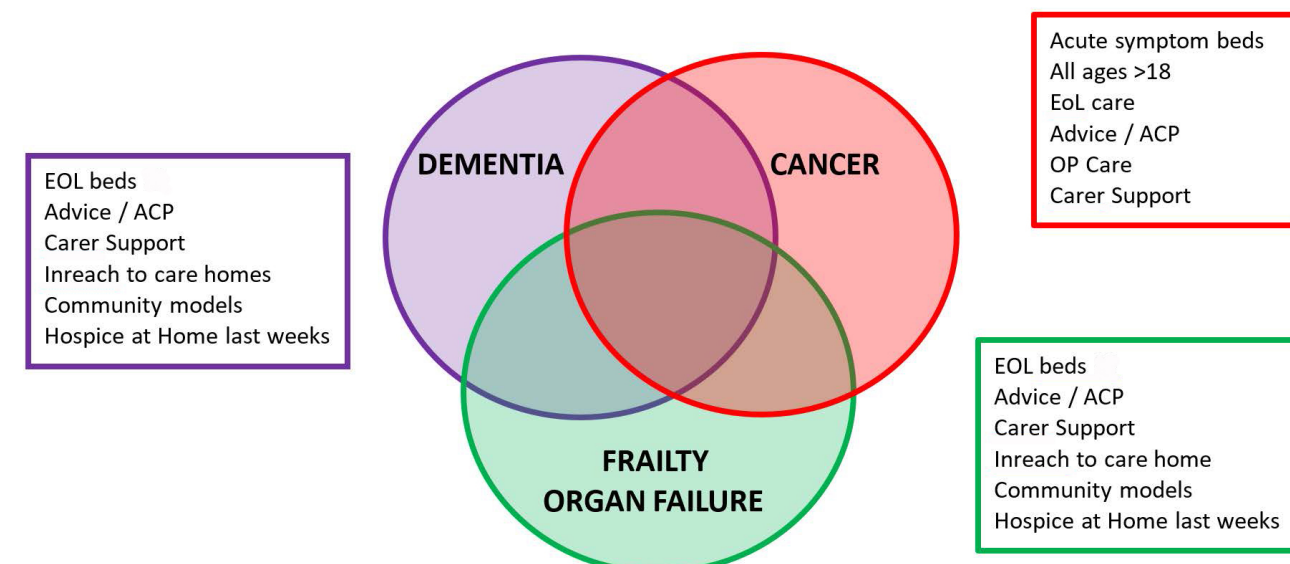
- 2,276 people died in Hillingdon in 2018/2019.
- 75% of people approaching the end-of-life may benefit from palliative care.
- Last phase of life averages 1 year.
- Approx. 3,000 people per year could benefit from palliative care in Hillingdon.
- Number of deaths projected to rise by 25.4% by 2040.
- In 2040, 3,450 people per year with palliative care needs.
- No current data on patients receiving palliative care in Hillingdon.

## Main Client Groups

Similar needs (emotional and physical) for all diagnoses BUT the trajectories and care model needs for each cluster is different.

- Dementia
- Cancer
- Frailty & Organ Failure

# What Models Are Needed?



# Principles for Services

We approach development with the objectives of improving care, fulfilling unmet needs and improving efficiency. We will ensure that all growth will improve the stability of our services.

We have agreed a set of principles to apply to all services.

- Our services will **empower people**, their families, and friends to **control** their end of life care.
- Work to ensure people have the **early support** they need.
- Embed our services into the **communities** we work with.
- Provide a **range** of services as part of wider **matrix** provided by others.
- Improve the **reach** of our services and **tackle inequality** of access.

- Work **collaboratively** in all areas of our work.
- Work **across boundaries** in service areas and geography where we know there is a need.
- Balance the **value** for money with **scale** of services.
- **Innovate** and think differently – test new ways of working - fail fast.
- Develop **evidence based** services and **contribute** to system data and learning.
- Be a **role model** in care services.
- **Develop our work force** to fulfil changing needs and demands.

## Partnership Working

Working with Hillingdon Health and Care Partnership covers our core service activities. The development of End of Life care, both as integrated services and embedding this into the wider health and social care provision is our main development focus. We will work with our partners to identify the areas for our service development.

Our partnership with H4All provides a platform for us to work across the new North West London Integrated Care

System. We will explore the opportunities this creates to work collaboratively with other hospices in the area.

Harlington Hospice has a strong record of working with others and this will continue to be the basis for our service growth. Our consistent objectives will be to improve care, fulfil unmet need and improve efficiency. We see our ability to achieve this as very much a partnership activity, working within Hillingdon Health and Care Partnership and H4All.



## Organic Growth

We will continue to review the needs of people that require support towards the end of their lives. We will expand our services to fulfil care needs as we identify them.

Investment in electronic care management systems for Harlington Care has provided a base to increase the care

provided. We will identify areas for growth and market the services to both private and statutory customers.

COVID-19 has affected all health and social care providers, resulting in both challenges and opportunities. We will identify and evaluate opportunities that fit within our values and services.

## System Change

To achieve service improvement and transformation we will work with all providers in Hillingdon and North West London End of Life care.

There are key questions that we will need answers to. These include:

- What is the future for MSH? – Current building has a limited life which means rebuild plans needed soon.
- Do we need a Nurse Led Unit at Lansdowne House?
- What funding will we need and where will it come from?

- What impact will the move of NHS commissioning from Hillingdon to North West London have?
- How can we manage the challenge of increased capacity, with limited funding while still providing a quality service?

The Trustees hold a system change event when possible. Inviting provider partners and key stakeholders.

### Improving care through staff and service development

Ensuring we provide personalised and safe care is the most important area of our work. We have opened and taken on new registered services in the past year so it will be important that we provide evidence of quality assurance and compliance in all areas of our organisation. We will support our staff to develop skills and use new systems to manage quality related issues and to ensure that there is consistency in improving outcomes for our patients and clients.

## Quality Assurance

We will provide evidence of our quality assurance and compliance across the organisation; there are key areas for the next year:

- Introduction of the Sentinel system to manage incidents, risk and other quality related areas, which is a crucial element in preparation for inspection.
- Review the quality framework for non-registered services. In addition to the CQC registered services Harlington Hospice has several services providing care and support that fall outside CQC responsibility. These services are also being reviewed to ensure quality of care.

### Achieving financial stability

In order to ensure we continue to achieve the highest standards of patient and client care, we will be consolidating and stabilising our core business over the coming year and making sure we can manage the ongoing impact of the COVID-19 pandemic. Long-term financial stability and viability will continue to be a key driver enabling us to deliver all our strategic aims and objectives.



# Finance and Funding Model

## What risks are there in the current model?

- Michael Sobell Hospice is the largest risk due to the need for fundraised income
- Risk from reduced shop income
- Second wave of COVID-19
- NHS restructuring
- Low referral rates – Hospice@Home, Harlington Care, Day Care restart difficulty/risk

## What successful elements need developing?

- Contract value – lymphoedema, CYP, IPU, HCCG & Cross Borough
- Commercial – Shops, Harlington Care
- Partnership

## What changes are needed to improve the ability to increase services?

## Secure long-term funding for Michael Sobell Hospice

This is our main financial risk. To reduce this risk we will work in partnership with Michael Sobell Hospice Charity, to develop and implement plans, to increase their fundraising income, to fund the gap between contract income and costs.

## Strengthen the Balance Sheet

We need to increase our unrestricted reserves. This will be achieved by:

- Investment in our fundraising team and develop more traditional hospice income streams
- Reviewing our retail business model to increase sales and profit to match the charity shop averages
- Reducing costs by identifying other opportunities to increase the organisation's efficiency.

## Manage the financial impact of COVID-19

To ensure we can manage the impact of the pandemic, we will review and recast the budget for 2020/21 and develop scenario plans to enable early identification of financial challenges.

## Strengthening Structures in response to rapid growth and development

Achieving successful growth has meant investing in our staff and resources and reshaping some of our operational models. Opening an In-Patient Service has required an increase in our clinical and organisational governance. We will review the resources we require to support new governance structures, to achieve improved business and organisational information and to increase our human resources infrastructure.

### Governance Structure

Significant work has taken place over the past 2 years to prepare us for growth. Opening of the In-Patient Service, in particular, has required an increase in our clinical and organisational governance. We will review the resources required to support the new structure and implement the changes.

### Human Resources

Staff numbers have more than doubled in the last year. This change has been managed with additional legal support, however the growth has placed pressure on our HR team. A review of the current HR support and system is taking place.

### Business Information

Levels of reporting and monitoring have increased significantly. Some IT systems are in place, however there is still a reliance on manual systems for key information. We are reviewing options and will implement IT solutions to improve speed of reporting and access to key organisational information.



We will implement changes needed to ensure we are good employers and are prepared to manage any future growth.





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Lansdowne House, St Peters Way, Harlington, Hayes, UB3 5AB

