



For all. For free. Forever.

Reaching Further – improving end of life care for everyone

Our strategic plan 2025 -2030

Introduction

Death, dying and bereavement will affect us all. Whilst we can't change that reality, we can change the experience. Everyone deserves the best possible care at the end of life. Care that's personal, dignified, and shaped around individual needs and wishes.

Right now, we're only reaching around a third of the people in our community. And we know that access to hospice care is not yet fair or equal. That's not good enough, and we're determined to change things.

That's why we're launching a bold and compassionate five-year strategy to transform end of life care. Over the next five years, we'll work to reach more people, earlier in their journey - regardless of age, background or diagnosis, to ensure that no one faces the end of life without support, understanding and compassionate care.

Our ambitious new strategy is focused around our three main priorities:

- **Community at the heart**

Being led by our diverse communities and working in partnership to increase our reach, to address inequities in access, experience and outcomes and to grow our income.

- **Earlier conversations, timely support**

Facilitating earlier conversations about death and dying, alongside more timely support, to improve the quality of life for patients and their loved ones.

- **Leading, learning and innovating**

Shouting louder about our ideas and successes and creating a culture of curiosity where our workforce is supported to continuously learn and test new ideas.

There are two major milestones we want achieve by 2030:

1. To increase our reach, doubling the number of people we support, in person and online, by the end of the 5-year strategy.
2. To support people earlier and for longer, increasing the time people are supported from a few weeks to the last 12 months of life.

These priorities and milestones will guide our actions over the next five years.

This strategy is being launched alongside a new brand. Both have been developed with input and feedback from employees, volunteers, service users, members of the public and stakeholders. We've undertaken surveys, focus groups, workshops and we've listened.

Thanks to all those who have given their time and support.



**Transforming the experience of death,
through understanding, compassion and care.**

What's driving the need for change?

- **Our reach** – we currently support around a third of those who are estimated to need end of life care in our patch. We want to support more.
- **Increasing demand** – ageing population. Over the next five years we expect 6.7% more deaths in this area.
- **Timely care** - currently we support patients 44 days before death. If we can reach them sooner, we can improve their quality of life and their loved ones.
- **Diverse communities** – our region is increasingly diverse, in terms of ethnicity, culture, religion and levels of poverty. There's more we can do to ensure our support is tailored.
- **'Hospice myths'** – One in three people don't know what we do. 50% think our care needs to be paid for and nearly half don't realise we provide care and support in people's homes. We have to address these myths to increase our reach.
- **Inequity of access** – we need to improve access for people with conditions other than cancer and for socially excluded populations (known as inclusion health groups).
- **Carers support** – navigating care at the end of life is often complex. We need to improve communication and coordination between organisations so carers are better supported and so we reduce their risk of prolonged grief.
- **Changing patient expectations** - patients expect easy access to information, involvement in decisions, accessibility and better use of technology.
- **Political priorities** – We need to align with the NHS 10-year plan which contains three shifts: from hospitals to communities; from treatment to prevention; and digital transformation. It also identifies the need for societal conversations about dying well.



What are we going to do?



Community at the heart

- Introduce new 'hubs' to offer support in the community
- Expand our clinical education to support more community providers of health and social care.
- Design services differently, using insights and co-creation to respond to changing needs.
- Equip our workforce to support more diverse communities.
- Increase care and support for non-cancer conditions.
- Evolve our volunteering strategy to support the new ambitions.
- Connect with local people and organisations to build compassionate communities.

Death & Dying

Early conversations, timely support

- Take a leading role in societal conversations on death and dying, to help reduce the stigma.
- Develop engagement programmes for workplaces and schools to promote earlier conversations.
- Work with NHS and other partners to identify, refer and support patients earlier.
- Evolve our model of care to be able to support more people earlier in their journey.
- Develop digital tools to support people throughout their journey.
- Develop a campaign to address 'hospice myths'.



Leading, learning & innovating

- Be a more prominent voice, sharing successes and advocating for change.
- Focus on innovation, supporting teams to generate and test new ideas.
- Build our research activity and use findings to improve practice.
- Ensure our workforce is diverse and our culture is inclusive.
- Embrace technology to improve workforce and patient experience, and productivity.
- Strengthen use of data and insights to inform decisions.
- Explore the opportunity for new commercial income streams as well as raising more funds through retail and fundraising.



St Peter's Hospice

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