Meadow House Hospice

Partnering for Excellence in Specialist Palliative Care

Meadow House Hospice Strategy 2024 to 2029

NHS
London North West University Healthcare
NHS Trust

This information in different languages and formats

The information in this report is available in large print by calling 020 8869 5118. If you would like a summary of Our Way Forward, please call 020 8869 5118 and state clearly in English the language you need, and we will arrange an interpreter to speak to you.

إذا كنت ترغب في الحصول على ملخص عن طريقنا إلى الأمام ، فيرجى الاتصال بالرقم 020 8869 5118 وذكر بوضوح باللغة الإنجليزية اللغة التي تحتاجها ، وسنرتب مترجمًا فوريًا للتحدث إليك.

જો તમને અવર વે ફોરવર્ડનો સારાંશ જોઈતો હોય, તો કૃપા કરીને 020 8869 5118 પર કૉલ કરો અને તમને જોઈતી ભાષામાં સ્પષ્ટપણે અંગ્રેજીમાં જણાવો અને અમે તમારી સાથે વાત કરવા માટે દુભાષિયાની વ્યવસ્થા કરીશું.

Jeśli chcesz otrzymać streszczenie Our Way Forward, zadzwoń pod numer 020 8869 5118 i jasno określ język, którego potrzebujesz, a my zorganizujemy rozmowę z tłumaczem.

ਜੇਕਰ ਤੁਸੀਂ ਸਾਡੇ ਵੇਅ ਫਾਰਵਰਡ ਦਾ ਸਾਰ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 020 8869 5118 'ਤੇ ਕਾਲ ਕਰੋ ਅਤੇ ਤੁਹਾਨੂੰ ਲੋੜੀਦੀ ਭਾਸ਼ਾ ਅੰਗਰੇਜ਼ੀ ਵਿੱਚ ਸਪਸ਼ਟ ਰੂਪ ਵਿੱਚ ਦੱਸੋ, ਅਤੇ ਅਸੀਂ ਤੁਹਾਡੇ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਦਾ ਪ੍ਰਬੰਧ ਕਰਾਂਗੇ।

Dacă doriți un rezumat al Our Way Forward, vă rugăm să sunați la 020 8869 5118 și să precizați clar în engleză limba de care aveți nevoie, iar noi vom aranja un interpret pentru a vă vorbi.

Haddii aad rabto in la soo koobo Jidkayada Hore, fadlan wac 020 8869 5118 oo si cad ugu sheeg Ingiriisi luqadda aad u baahan tahay, waxaanan kuu diyaarin doonaa turjubaan kugula hadlo.

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Foreword from the Clinical Lead for Meadow House, **Treena Saini**

I would like to thank our hard-working staff for continuing to give the very best of themselves to our patients in Ealing and Hounslow despite the increasing need and demand for our service.

I would also like to thank my Trust and community colleagues who have supported our work for many years and have listened to our concerns about the future delivery of high-quality specialist palliative care across Ealing and Hounslow.

They have collaborated with us so that, together, we have understood the current and future challenges we all face and trusted us to find a new way for us to work together.

We hope by co-defining and co-producing models of care with our hospital and community colleagues, we will be able to continue to provide high-quality specialist palliative care and influence the care provision from our partners by improving access, pathways and education through our new strategic plan.

Foreword from the Director of LNWH Charity, **David Jenkins**

It's an exciting time for Meadow House Hospice, as they continue to rise to the challenge of providing excellent specialist palliative care for the residents of Ealing and Hounslow.

Their dedicated, caring and committed staff are the backbone of the hospice, and they have forged strong partnerships across the community. These collaborations are integral in helping us to achieve our goals going forward.

From a charity point of view, Meadow House Hospice has loyal and committed donors, who will no doubt take a keen interest in the positive changes being planned and will continue to support them throughout the implementation of our strategy.

We look forward to continuing this journey together, contributing to a brighter future for all those we care for.

Foreword from the LNWH Chief Executive, **Pippa Nightingale**

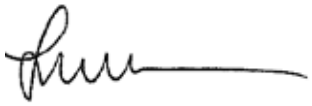
Partnering for Excellence in Specialist Palliative Care is more than just the title of this new strategy, it's our vision for taking Meadow House Hospice into the future.

I'm proud of the Meadow House team, who put engagement at the cornerstone of their approach.

In the face of rising demand and the accompanying challenges, we've developed a strategy to ensure Meadow House Hospice can sustainably support the people of Ealing and Hounslow well into the future.

Aligned with our Trust's Vision of "Quality at our HEART", this strategy sets out four objectives. These include delivering the highest quality specialist palliative care and fostering high-quality collaborations with our employees and partners. Central to the plan is empowering our employees to become true leaders in specialist palliative care, and ensuring they feel supported by the Trust.

I eagerly anticipate all the wonderful improvements the team make over the next five years as they implement their action plan.



Introducing Partnering for Excellence in Specialist Palliative Care

Partnering for Excellence in Specialist Palliative Care is an ambitious new strategy for 2024-2029.

Reflecting on how our role has changed over time, we saw this as an opportunity to review our current position and actively seek to improve it, for our patients, staff and partners.

Who we are

Meadow House Hospice (MHH) has served the specialist palliative care needs of residents of Ealing and Hounslow for over 35 years. We care for patients at home, in nursing and residential homes, and in our hospice. We also care for patients in Ealing Hospital and support our acute and primary care colleagues in caring for patients at the end of their lives, including through out of hours cover and 24/7 on-call services.

We provide specialist palliative care for patients with complex needs who are at the end of their lives, based on need, not diagnosis or prognosis. Complex healthcare needs are those which are difficult to manage, particularly when many problems are occurring at once. These can include physical symptoms, psychological symptoms, family distress, social issues or spiritual challenges.

Our services include:

- Inpatient hospice
- Community support
- Lymphoedema
- Psychology
- Therapies
- Bereavement
- Social work and advocacy
- Day Hospice

Our approach

Over a six-month process we sought engagement from 40 MHH staff, 14 Trust and service level senior leaders and eight external partners through face-to-face workshops, away days, site visits and individual interviews. We also utilised patient engagement feedback from the North West London Integrated Care Board as part of their review of palliative and end-of-life care within the sector.

The development of the strategy has been led by Meadow House Hospice's clinical and operational leads, with the support of the Trust's strategy transformation team.

We built our strategy in three phases, following best practice:

- Diagnosis: identifying the critical challenges facing our organisation and what strengths we can build upon.
- Focused response: designing an approach that best overcomes the challenges we identified in our diagnosis.
- Actions: defining the objectives that represent our focused response, and the actions we need to take to achieve them.

What we mean when we talk about palliative and end-of-life care

Specialist palliative care is the care of patients with life-limiting illnesses with complex needs (physical, psychological, social and spiritual). This could involve care over a long period, but it is generally acknowledged to be the last year of life.

Non-specialist palliative care is the care of patients with life-limiting illnesses and their families, but without complex needs.

End-of-life care is the care of the dying patient in the last weeks/days/hours of life (may be specialist or non-specialist).

Our diagnosis

MHH has a highly skilled and passionate workforce with an excellent reputation with patients and in a unique position as an NHS hospice on the Ealing Hospital site. However, demand is rising and MHH have taken on an increased non-specialist palliative care workload to bridge a gap in the local area, and at the same time have had to scale back other services such as the day hospice, care home liaison and education and training provision due to staffing shortages and financial and operational limitations.

Our communities

- In Ealing, 6.1% of people die in hospices, which is a higher percentage than both London as a whole (4.9%) and England (4.5%). However, in Hounslow, only 3.2% of people die in hospices, a percentage that is lower than both the London and England averages.
- People in North West London want high-quality, integrated, compassionate and personalised palliative care.
- There are several population factors influencing future demand for MHH's services:
  - The population of Ealing and Hounslow is ageing, with the current demographic group served by MHH projected to grow by 30% over the next decade.
  - The local death rate, which was decreasing until 2013, has now stabilised.
  - Increasing prevalence in complex conditions, such as multimorbidity (two or more long-term health conditions) and dementia. MHH is managing proportionally less cancer and more frail and multi-morbidity patients.
- Compared to the rest of England, end-of-life care in Ealing and Hounslow places higher demand on acute care:
  - More people die in hospitals in both Ealing (54%) and Hounslow (53%) than the averages for London (51%) and England (45%).
  - In the last three months of life, a higher percentage of people in Ealing (12.5%) and Hounslow (10.0%) have three or more emergency admissions to hospital compared to the England average (7.1%). Ealing has the highest rate in the country.

Our starting point

Our strengths

MHH has considerable strengths, and it is vital that we build on these areas of excellence to provide the best care to patients in Ealing and Hounslow.

They include:

- A skilled and passionate workforce: MHH has a deeply committed and highly experienced multidisciplinary team in specialist palliative care.
- Our unique position as London North West Healthcare University NHS Trust's (LNWH's) hospice: As an NHS hospice, MHH has stable funding in addition to ring-fenced charitable funding through the London North West Healthcare (LNWH) Charity. MHH also benefits from shared expertise and services available through Ealing Hospital.
- Our reputation and garden facilities: MHH has a favourable reputation in the local community and its garden is enjoyed by patients and staff
- Our educational expertise.
- Our cross-boundary working as the sole provider of specialist palliative care across acute and community locations.

Our challenges

There are a number of external and internal factors that challenge us. Our strength in trying to do everything has unfortunately become a weakness as our staff have become stretched beyond their capacity.

They include:

- An increase in demand above population growth: MHH has seen a significant rise in referrals since 2018, exceeding the expected population growth. This is due to the increased provision of non-specialist palliative care by our team.
- Key issues in staffing and employee well-being: Staffing hasn't grown to meet the increased demand and recruitment is an industry-wide challenge. Retention and staff wellbeing has also been negatively affected by the additional workload.
- Uncertainty in MHH's relationship with partners and LNWH: Limited resources mean MHH can't fully support its partners and uncertainty in the relationship between MHH and LNWH has led to both parties missing opportunities to improve end-of-life care services.
- Site issues: MHH is an aging building with maintenance requirements, as well as a layout best suited to a hospital rather than a hospice. There are also a lack of suitable spaces for staff meeting and education areas.
- MHH's unique funding model: Tighter regulations and a lack of dedicated MHH staff to manage charitable funds have limited their use.

Our Diagnosis

For over 35 years, MHH has consistently provided high-quality, patient-centred, specialist palliative care. Now, due to increased demand and increasing reliance on its services to bridge the gaps in generic palliative care, MHH finds itself at a crossroads. While other hospices are adapting by broadening and diversifying their services, MHH has been forced to scale back due to financial limitations, staffing challenges, and operational constraints, including a historical lack of full integration with LNWH. These challenges have placed significant stress on staff and hampered effective future planning. Although recent leadership efforts have sparked positive shifts, the core problems persist. If they are not addressed soon, 'MHH's ability to maintain its high standard of care in the future might be at risk.

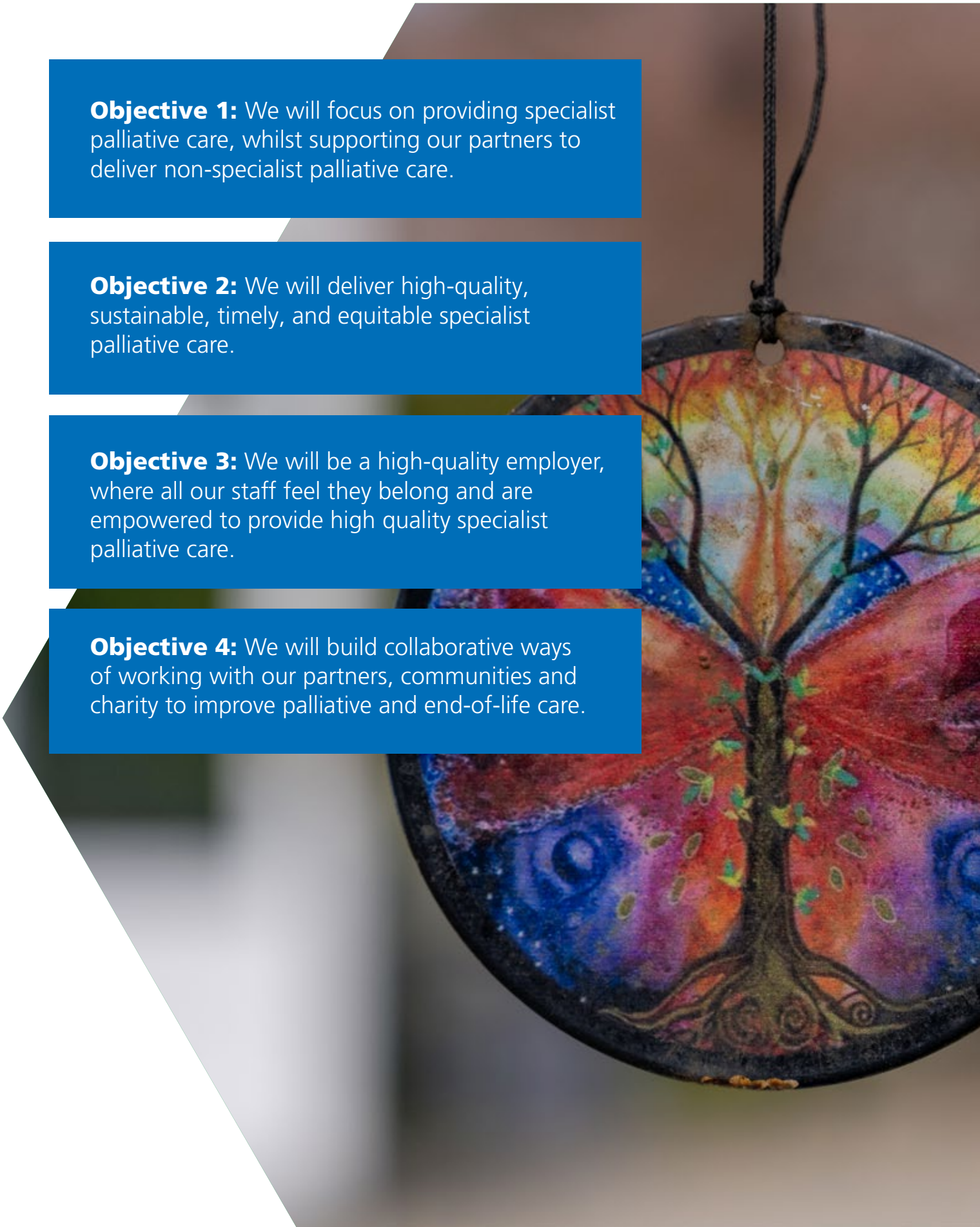
Our vision and objectives

Objective 1: We will focus on providing specialist palliative care, whilst supporting our partners to deliver non-specialist palliative care.

Objective 2: We will deliver high-quality, sustainable, timely, and equitable specialist palliative care.

Objective 3: We will be a high-quality employer, where all our staff feel they belong and are empowered to provide high quality specialist palliative care.

Objective 4: We will build collaborative ways of working with our partners, communities and charity to improve palliative and end-of-life care.



Objective 1

We will focus on providing specialist palliative care, whilst supporting our partners to deliver non-specialist palliative care.

What we'll do

1.1 We will define and adopt specialist-focused internal models of care for all our services.

We will:

1.1.1 Co-define specialist palliative care referral and discharge criteria for all MHH services with our partners.

1.1.2 Review and amend our existing services to ensure they align with our specialist focus.

1.1.3 Identify and deploy the additional resources needed to deliver our new specialist palliative care model, such as establishing a senior triage team.

1.2 We will collaborate with partners to enhance and support the delivery of non-specialist palliative care and explore a self-sustaining education programme.

We will:

1.2.1 Develop and resource an education programme aimed at supporting our partners' palliative care skills and competencies.

1.2.2 Advocate for the co-development of an interface model and support new pathways for non-specialist palliative care patients.

1.2.3 Create new pathways to facilitate the safe transition of patients who no longer require our specialist input, such as through step-up/step-down pathways that incorporate day services.

1.2.4 Advocate for innovative, cross-disciplinary roles to meet the diverse needs of non-specialist palliative care patients and complement the services offered by MHH.

Objective 2

We will deliver high-quality, sustainable, timely, and equitable specialist palliative care.

What we'll do

2.1 We will improve how we deliver and measure safe, effective and patient-centred specialist palliative care.

We will:

2.1.1 Define high quality, timely, specialist palliative care and align evidence-based service key performance indicators (KPIs), including the development of robust systems for data collection and dissemination.

2.1.2 Incorporate patient and carer experiences and views about how we deliver and continuously improve our specialist services.

2.2 We will ensure that our model of specialist palliative care is sustainable, equitable and meets local population needs.

We will:

2.2.1 Identify and respond to inequities using local and national data reflecting gaps in patient experience, including enhancing service accessibility and provisions for individuals from historically underserved groups.

2.2.2 Seek clarity of our income and expenditure and ensure future remuneration keeps apace with the provision of commissioned services.

2.2.3 Work with our People Team to develop a strategic workforce plan to meet evolving patient needs based on projected demographic data.

2.2.4 Explore and implement innovative care models to help meet increasing specialist care demand and complexity.

Objective 3

We will be a high-quality employer, where all our staff feel they belong and are empowered to provide high quality specialist palliative care.

What we'll do

3.1 We will optimise our workforce to deliver our new specialist palliative care model.

We will:

3.1.1 Review and meet the skills required to care for patients with specialist palliative care needs reflected in updated job descriptions, and person specifications.

3.1.2 Create new roles in line with our service model and support staff to meet the skills required for these roles, including a senior triage team and education team.

3.1.3 Create a recruitment strategy to attract a specialist palliative care workforce.

3.1.4 Work with the North West London (NWL) Sector to resource and co-ordinate a cross-organisation staff development programme to create and support specialist palliative care career pathways.

3.1.5 Target local communities for volunteer and employment opportunities.

3.2 We will prioritise our employees' wellbeing and foster a sense of pride in working at Meadow House Hospice.

We will:

3.2.1 Improve staff access to management and escalation pathways to ensure staff are well supported by MHH and LNWH leadership and governance structures.

3.2.2 Explore ways to improve dialogue and feedback between employees and leaders with a focus on equity and inclusivity.

3.2.3 Work with LNWH to bring about policy adjustments, such as car parking and a tailored corporate wellbeing offer, to reflect the working practices of MHH.

3.2.4 Improve the patient and staff environment of MHH, using charitable funds and donations where appropriate.

3.3 We will develop our employees to be leaders in specialist palliative care.

We will:

3.3.1 Identify individualised training and development needs through appraisal to meet our new strategic direction.

3.3.2 Strengthen internal career pathways for staff progression.

Objective 4

We will build collaborative ways of working with our partners, communities, and charity to improve palliative and end-of-life care.

What we'll do

4.1 Work with primary care, and nursing home partners to improve the quality of end-of-life care delivered locally (see Objective 1).

4.2 Advocate and support integration of patient focused processes and pathways with our acute care partners.

We will:

4.2.1 Raise awareness of our new model of working with all acute NWL partners, to improve collaboration and better manage service expectations of MHH.

4.2.2 Work towards a shared and aligned vision for palliative care services across LNWH, including standardised processes, policies and enhanced integration across acute palliative care boundaries.

4.3 Improve how we utilise charitable funds and donations and work with volunteer services to support our specialist care.

We will:

4.3.1 Ensure dedicated staffing resources are available to lead on fundraising and volunteer co-ordination for MHH and a nominated internal liaison for these roles.

4.3.2 Communicate criteria for charitable fund use and explore alternative funding for essential ideas, including the creation of 12 - 18 month fundraising plans.

4.3.3 Enable staff to access a small fund for responsive patient and carer support.

4.3.4 Create new ways to generate ideas for using charitable funds and donations, involving diverse groups, including partners, patients and carers.

4.4 Improve how we collaborate and work with other specialist palliative care providers and our communities.

We will:

4.4.1 Align our care models with the new NW London adults community-based specialist palliative care new model of care, advocating for local adaptions relevant to our specialist palliative care focus.

4.4.2 Support local providers of non-specialist palliative care through education to improve their confidence in managing palliative patients and support the sharing of good practice across the Ealing/Hounslow boundaries.

4.4.3 Promote shared learning of best practices with other specialist palliative care providers.

4.4.4 Explore ways to increase our profile and better connect with our local communities across Ealing and Hounslow to help shape future service improvements.

Making our strategy happen

Our strategy will guide our priorities, actions and behaviours.

Timeline

We will deliver Partnering for Excellence in Specialist Palliative Care over five years. Our strategy sets out many actions that we want to achieve. We cannot do everything at once, so our timeline sets out the way in which we will use our resources to achieve as much as possible.

		2024	2025	2026	2027	2028
Objective 1. We will focus on providing specialist palliative care, whilst supporting our partners to deliver non-specialist palliative care.						
Sub-objectives	1.1 We will define and adopt specialist-focused internal models of care for all our services.	■	■			
	1.2 We will collaborate with partners to enhance and support the delivery of non-specialist palliative care and explore a self-sustaining education programme.	■	■	■	■	
Objective 2. We will deliver high-quality, sustainable, timely, and equitable specialist palliative care.						
Sub-objectives	2.1 We will improve how we deliver and measure safe, effective and patient-centred specialist palliative care.		■	■		
	2.2 We will ensure that our model of specialist palliative care is sustainable, equitable and meets local population needs.			■	■	■
Objective 3. We will be a high-quality employer, where all our staff feel they belong and are empowered to provide high quality specialist palliative care.						
Sub-objectives	3.1 We will optimise our workforce to deliver our new specialist palliative care model.	■	■	■	■	
	3.2 We will prioritise our employees' wellbeing and foster a sense of pride in working at Meadow House Hospice.	■	■	■		
	3.3 We will develop our employees to be leaders in specialist palliative care.			■	■	■
Objective 4. We will build collaborative ways of working with our partners, communities, and charity to improve palliative and end-of-life care.						
Sub-objectives	4.1 Work with primary care, and nursing home partners to improve the quality of end-of-life care delivered locally (see Objective 1).					
	4.2 Advocate and support integration of patient focused processes and pathways with our acute care partners.		■	■		
	4.3 Improve how we utilise charitable funds and donations and work with volunteer services to support our specialist care.		■	■	■	
	4.4 Improve how we collaborate and work with other specialist palliative care providers and our communities.			■	■	

Note: The timeline indicates the implementation period and focused time for the change until the actions become our business as usual.

How we will measure our progress

We have chosen sixteen indicators to assess what progress we are making against our strategic priorities. Year-on-year improvements in our indicators will demonstrate that we are successfully putting our strategy into action.

Where indicators do not currently exist or do not meet our requirements, we will need to design a way to capture them. We will do this because we want to measure what matters most, rather than only what is available today.

Areas	We will make year on year improvements in…	Baseline	Target	Source
Priority 1. We will focus on providing specialist palliative care, whilst supporting our partners to deliver non-specialist palliative care.				
	% of accepted referrals that meet our new co-designed criteria	To be set in Y1	TBC	Annual audit
	% who are more confident managing non-specialist referrals after education and support	To be set in Y1	TBC	Partner feedback survey
Priority 2. We will deliver high-quality, sustainable, timely, and equitable specialist palliative care.				
Safe	Staff recommending our care	37%	58%	NHS Staff Survey
Patient-centric	Patients recommending our care	95.7% scored 'very good'	96%	NHS Friends and Family Test (FFT)
Timely	Patients assessed within agreed timeframes based on clinical priority triaging	To be set in Y1	TBC	SystemOne
Sustainable	Budget variation percentage	2.4%	>0%	LNWH finance systems
Effective	TBC – following our redefinition of high-quality care we will set this KPI	TBC	TBC	TBC
Equitable	Service Representation Equity Index	0.25	TBC	LNWH Equity Index
Priority 3. We will be a high-quality employer, where all our staff feel they belong and are empowered to provide high specialist palliative care.				
	Staff recommending our employment	25%	56%	NHS Staff Survey
	Employee vacancy rates	10%	6%	Workforce Data
	Employee voluntary turnover rates	4%	4%	Workforce Data
	Diversity and Equality Score	6.7	7.7	NHS Staff Survey
Priority 4. We will build collaborative ways of working with our partners, communities, and charity to improve palliative and end-of-life care.				
	Partners recommending our care	To be set in Y1	TBC	Partner feedback survey
	Number of Active Donors	254	305	Charity Team
	Charitable Funds Utilisation (% of use income over year)	206%	>100%	Meadow House - Income and Expenditure Summary
	TBC – With our partnership working group we will aim to develop a specific KPI to ensure the work we are doing is improving our work in communities	TBC	TBC	TBC

Risks

Our environment is highly uncertain and changing fast. This inevitably leads to risks, which for this strategy fall within one of two categories:

- Risks associated with the plan itself.
- Risks outside our organisation that could affect the plan.

We have identified the most critical risks and planned actions to mitigate them.

Risk: Day-to-day priorities get in the way of the action plan being implemented as intended.

The actions we will take to mitigate this include:

- We will put together a strategy implementation working group with representatives from each of our key stakeholder groups to pool resources and will have dedicated transformation support to get this started.
- We will review and report our progress against our KPI's bi-annually into the Trust's Strategy Board.

Risk: We do not have enough money to deliver the ambitious investments in this strategy

The actions we will take to mitigate this include:

- We are working more closely with our Charity team to utilise our significant charitable funds to pay for improvements in the design of our facilities.
- We also plan to utilise our charitable funds to provide initial funding for our new education offer and will gather outcomes to demonstrate its return to the Trust Business Case Review Group to apply for ongoing funding.
- We will continue to talk with our commissioners regarding our NHS funding for contracted services to ensure this matches our service provision.

Risk: Limited buy-in from our partners means the gap in non-specialist palliative care provision is unfilled and patients' needs aren't met.

The actions we will take to mitigate this include:

- We have already engaged key partner stakeholders and will continue to work with them to ensure the co-creation of new pathways, processes and support which best meets their needs.
- We plan to set up a triage team to work with referrers, offering joint visiting and signposting for patients with non-specialist palliative care needs.
- We will create a comprehensive communication plan to ensure all referrers and patients are aware of the changes to the type of patients we take onto our caseload.

Risk: National recruitment challenges mean we are unable to recruit to the additional posts.

The actions we will take to mitigate this include:

- We will work with our Human Resources (HR) team to develop a recruitment strategy that highlights our specialist teaching and training opportunities.
- We will create new career progression pathways, including exploring the opportunity for shared and rotational posts with LNWH and other partners.

Conclusion

Our new strategy sets out a clear vision: to work together, with our patients, staff and partners to deliver excellent specialist palliative care. We will put this at the heart of every decision and action we take for the next five years.

We cannot do this alone.

From our employees to our partners and our communities, our vision will stand only if we work together in accordance with our shared values.

The co-creation of this strategy itself is a sign of how far we have come, and we express our enormous gratitude to the numerous people who were involved in its design. It is now our task to put it into action with as much collaboration as went into its development.

Quality at our HEART

meadowhousehospice.org.uk

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