

# Foyle Hospice

*Together we care*



**STRATEGIC PLAN**

2023 - 2026

# INTRODUCTION

Foyle Hospice is a major charity in the North West and as an organisation it is synonymous with high quality hospice and palliative care services. We are proud of our achievements as a leader in providing comprehensive specialist and generalist palliative care services to a large population of approximately 300,000 (NISRA, 2021) in a mixed demographic and geographical spread. We recognise that not one model of care suits every patient and their family, and bespoke, individualised care is key to delivering a flexible and innovative service.

During the course of the Covid-19 pandemic on average approximately 100,000 more people died at home (Northern Ireland Office for National Statistics, 2022). This has brought about many challenges, but has also created a greater opportunity for conversations about choice in terms of care and support that is available for patients with palliative care needs.

Hospice UK has successfully promoted an amendment to the NHS Health and Care Bill. This means that Palliative Care will become a statutory right for all Health Care Trusts to deliver. Whilst this Bill is only applicable in England and Wales, Hospice UK are confident that it will eventually be adopted across the whole of the UK, including Northern Ireland. We recognise the challenges faced by the Western Health and Social Care Trust in terms of their palliative care workforce and how this might impact the entire North West region, including Foyle Hospice and our service users.

The outgoing Minister for Health announced an undertaking for a comprehensive review of palliative care services in Northern Ireland. There has been very little or no progress with this to date. We believe that Palliative Care service providers have a responsibility to ensure that this is at forefront of the agenda for the Northern Ireland Assembly over the next five-year term and relevant organisations should have some degree of input to the process.

Over the last three years in particular, Foyle Hospice has been required to meet significant pressures brought about as a result of the pandemic. Not only have we been challenged to facilitate greater choices around how and where we offer our services, but we have also had to deal with the economic impact of global issues. Alongside Covid-19, the current socio-economic crisis may have a long-term impact on our capacity to raise voluntary income. We need a sustainable financial model; whereby statutory funding adequately resources our services to meet the needs of a growing and ageing population.

Foyle Hospice commits to an ambitious yet realistic strategic plan over the next three years. In doing so, we undertake to proactively contribute to the future of Palliative Care and how this is best provided for patients, their families and carers with a holistic perspective.



**Donall Henderson**  
Chief Executive



**Angela McIntyre**  
Chairperson



## OVERVIEW

Our Strategy sets out a clear and exciting direction for our organisation over the next three years. We want to build on our solid foundations, so that Foyle Hospice's services will flourish in collaboration with patients, carers and partners well into the future. As an independent hospice, we are a leader in the provision of specialist palliative and end-of-life care in the Western Health and Social Care Trust area.

Our Strategy supports the delivery of outstanding high-quality care and as a key service provider. It also sets out the changing needs of the community we serve, as well as the key socio-economic challenges and opportunities we face and identifies our objectives. To help us understand if we are making a positive difference, we will also implement measures to ascertain if we have been successful, enabling us to continually improve what we do and how we do it.

# VISION

Working in collaboration with our supportive community, we will strive for excellence and seek innovation in providing specialist, multi professional, palliative care to patients, their families and carers in the hospice and in their own homes.

# MISSION

To provide compassionate palliative care to individuals with a life-limiting illness, their families and carers through high quality, specialist, holistic support.

# VALUES

Foyle Hospice is a local charity and we are committed to demonstrating the following values in all aspects of our work:

## **Quality and Excellence**

We believe everyone deserves the best care and support possible and so we will strive to provide the highest quality care to our patients, their families and carers through continuous improvement and learning.

## **Compassion and Dignity**

We will show respect, understanding, humanity and tolerance to everyone we come into contact with, treating them with dignity and care.

## **People at our heart**

We will care for each patient holistically as an individual and we will keep our patients, their families and carers at the heart of everything we do through real and meaningful engagement, striving to make them partners in their own care.

## **Responsible and Effective Stewardship**

By using our resources efficiently and effectively with good governance we will make our services sustainable for the benefit of the people we serve.

## **Togetherness**

By valuing everyone's contribution, and working positively together with all of our partners, inside and outside the Hospice, we will create an environment of comfort, fairness and respect where our patients, their families, our staff and volunteers will feel at home.

## **Community**

We care about our place in our community; we have been built by the community for the community and we will remain forever responsible to that community.

## **Innovation and Professionalism**

In every part of our organisation we will constantly seek new ideas and strive for better solutions, while acting with integrity and embracing the highest ethical standards.

## **Transparency and Equality**

As an honest and open organisation, we will be transparent in our decision-making, and we will treat everyone in a fair and equal way, while valuing differences and diversity.



## PURPOSE

Foyle Hospice strives to offer services and support for everyone affected by life-limiting illness. Our focus has recently increased to include adequate provision of support for carers, as well as bereavement support for adults and children who are experiencing or have experienced the death of a loved one. Over the last number of months in particular, accessibility to our Healing Hearts service for children has been enhanced by additional counselling resources. At a time of increased demand and pressure across all health care services and heightened co-morbidity, we want to ensure that palliative care is easily accessible and that our teams are fully equipped so that they can manage patients' symptoms whilst also enabling them to achieve a good quality of life.

It is estimated that approximately 75% of people approaching the end-of-life may benefit from palliative care. The growing numbers of older people and increasing prevalence of chronic illness mean that more people may benefit from palliative care in the future, as the numbers are predicted to more than double by 2040 (*Etkind, S.N., Bone, A.E., Gomes, B. et al. How many people will need palliative care in 2040? Past trends, future projections and implications for services. BMC Med 15, 102 (2017).*

This means that many more people will be diagnosed with a life-limiting illness over the next twenty years, with multiple needs and their care will be more complex. Foyle Hospice is considered an adult orientated facility and we recognise that hospice and palliative care services for children is provided through the Western Health and Social Care Trust and Northern Ireland Children's Hospice. However, we do endeavour to meet the care and support needs of transitional patients who are aged 16 - 18 with specialist palliative care needs with a view to easing the burden of unnecessary journeys and to allow more quality time for families.

Hospice UK suggests that approximately 30-50% of those patients who presently have palliative care needs do not receive it. With this in mind, it is crucial that we facilitate and support those patients and families at end of life by increasing our visibility and encouraging earlier intervention. We aim to open up conversations about death, dying and bereavement through education and awareness raising activities with a view to earlier intervention which allows for putting in place appropriate arrangements, facilitating advanced care planning and overall support through preparedness. We will always strive to enable the most appropriate care in the right place at the right time so that people can live and die well.

*Happy with excellent services such as the care and the food provided by the kitchen*

*Information given by doctor/nurses regarding illness*

*From admission to discharge, I was treated with the utmost dignity and respect from all departments*

*Always someone on hand, either at the end of a phone or in person at the Hospice to listen to worries*

*Total care and kindness with excellent skills and experience*

*As well as the service the Inpatient Unit provides, I felt supported with bereavement and follow-up services, especially Healing Hearts which was a great service for my grandchildren to avail of*

*It could not get any better an amazing place to come*



## PLACE

Foyle Hospice aims to provide safe spaces which are conducive to meeting the physical, emotional, psychological and spiritual support of our patients and their families. There is an ever-increasing desire for palliative and end-of-life care and overwhelming demand for the choice of care at home. This has been catalysed by the onset of the Covid-19 pandemic because of visiting restrictions and higher risk of transmission in public places. Our Community Team has expanded over the last six months and we are pleased to offer seven-day community services in patients' homes. Foyle Hospice is committed to the development of our current model, to widen the range of services available to patients, particularly those who are living in rural areas. This promotes collaborative seven day working with GP and District Nursing colleagues.

In the last two years we have had to make way for larger staff changing facilities to accommodate our expanding team. This steady growth has also given rise to a further need for more clinical and office space. To deliver on our commitment to the "home from home" experience for patients and their families we are still proposing to provide two additional bedrooms. Although we do recognise that the demand for community palliative care services is rising, we must also meet the needs for those who require the use of our Inpatient Unit and create suitable spaces accordingly. By doing so, we will provide more opportunities for families to spend time with their loved one in larger rooms with guest beds available, allowing them to be close at the end of life. This will also help satisfy our offer of respite to those families who may need it.

As the organisation continues to grow, we may be required to look at additional first floor administration facilities within the Inpatient Unit and reconfigure some of the smaller spaces to cater for larger numbers of staff activities and patient services. The provision of new bedrooms would enable us to reconfigure some other areas where we could carry out procedures e.g., blood transfusion and host a wider range of clinical activities such as specialist clinics e.g. Renal failure, COPD, Parkinson's Disease support networks, Multiple Sclerosis, Motor Neurone Disease etc. All of this would require much closer working with suitable partners. The creation of these flexible multipurpose spaces would thereby introduce patients to the hospice setting at an earlier point during their illness and possibly reduce the need for a hospital appointment and/or admission.

68% rated the cleanliness of Foyle Hospice as "Excellent" and 32% rated it "Very Good". Patients and their relatives rated the food and drink as excellent. They also stated that nothing was a problem for the kitchen staff when discussing preferences/likes/dislikes for the patient.



## PEOPLE

The Foyle Hospice family comprises a large number of patients, carers, families, partners, staff, volunteers and donors. Having provided services for over 20,000 patients and their families since 1985, we are extremely privileged to have a highly skilled and experienced team of staff, are ably supported by trustees and volunteers and an exceptionally generous community of donors and supporters.

More recently, a large number of staff have retired from their positions and volunteers have stepped down, taking with them a vast amount of experience. We recognise the need for appropriate structures and succession planning across all aspects of our services, as well as creating opportunities for our team of staff and volunteers to continue their professional development so that they can carry out their duties effectively and efficiently. We want to recruit and retain the right people, so that we have an organisational structure that can continue to deliver and grow our services across the entire community.

*The empathy of the staff was amazing*

*All staff are approachable*

*I admire the professional attitude and caring approach*

*They are amazing people and we could not get through it without their help*



# OUR KEY OBJECTIVES FOR THE NEXT THREE YEARS (2023 – 2026)

## Reach out to more people across our community who might need our services

- Build stronger internal and external communications across all our current and future stakeholders, including greater investment in digital marketing, social media and IT to ensure that our message is shared across all relevant audiences such as patients, families, carers, community groups and donors
- Use our digital marketing resources to increase and improve the level of accessibility and engagement with those patients and families who need specialist palliative care services
- Evaluate and develop new platforms for communicating and supporting patients with the use of mobile devices and further develop online materials to include patient, family and carer support
- Look to develop a catalogue of published information and training tools that complement our services and make sure these are widely available
- Promote and encourage inclusiveness which reflects diversity within our local community
- Review how we offer our complementary therapies to improve efficiency, effectiveness and sustainability
- Support the further development of a compassionate communities approach to palliative and end-of-life care, which will embrace those who are vulnerable, frail, elderly and/or isolated

## Enhance and improve the way we deliver end of life care

- Continue to establish and develop relationships that support joined up and collaborative thinking for the delivery of a regional approach to supporting and providing palliative care
- Expand and establish more clinic-based services where patients and families can drop in to receive services
- Work with the health care sector and relevant community organisations to ensure delivery of consistent and equitable palliative care services
- Aim to enhance services through Integrative Care Clinics, alongside virtual access to medical and clinical staff as and when required
- Deliver a range of education and information events, whether in person or online to help support patients and families in a practical way so they can manage symptoms and achieve a good quality of life
- Collaboration with the Medical School at Ulster University to promote, support and educate students in relation to palliative medicine
- Collaboration with the Western Health and Social Care Trust to promote mentorship and education for medical and nursing professionals in palliative and end-of-life care

## **Manage Foyle Hospice as effectively and efficiently as possible**

- Aim to ensure we have sufficient funds to enable the delivery of vital palliative care services
- Review current trends in fundraising and try to be innovative with income generation activities, so as to attract intergenerational support
- Ensure safe and responsible communication with all our supporters, streamlining our donor care process and provide relevant reports in a timely manner
- Recruit, induct and retain staff and volunteers who are passionate about hospice and palliative care, whilst also supporting and valuing them through investment in training and support so they can do their job well

## **Aim to identify gaps and secure the appropriate investment needed to ensure comprehensive patient centred services**

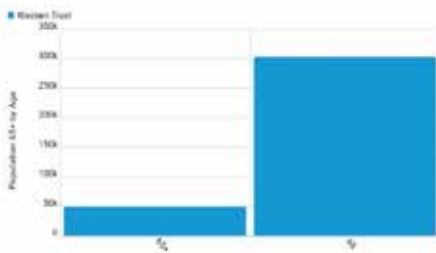
- Regular engagement with key stakeholders to ensure clear and cohesive pathways to accessing and using palliative care services
- Make sure that Foyle Hospice is actively represented on local, regional and national frameworks (Regional Palliative Care in Partnership Board, Hospice Alliance NI, All Party Group on Terminal Illness, Hospice UK Advisory Council) in order to contribute to relevant ongoing research and shaping of services
- Secure appropriate recurrent funding for establishing and expanding sustainable hospice and palliative care services including seven-day community specialist palliative nursing service, carer support, adult and children counselling services
- Develop a Carers' Strategy and focus on supporting carers from the point of diagnosis
- Continue to incorporate compassionate communities into our service model
- Work with the relevant authorities to review commissioning of services. Given, that 65% of Foyle Hospice's total running costs are supported by voluntary income, the current model of statutory funding is not sustainable in the current climate
- Ensure the long-term sustainability of those projects currently funded on a fixed term basis through the Department of Health, Health and Social Care Board and Community Foundation Northern Ireland (Compassionate Communities, Weekend Community Service, Carer Health and Well Being and Counselling Services).

# Appendix 1 – Estimates and Projections for the Western Health and Social Care Trust Geographical Area

## Population Estimates

You are looking at Population 65+ data by Age in the area(s) you have selected (above) for 2020.

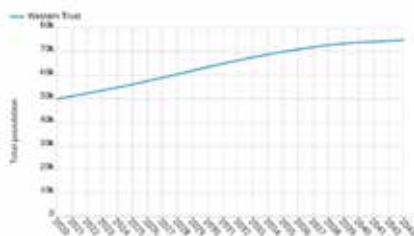
- The data is shown by 2 categories: 65+, All
- The category '65+' has the lower average value of 49,709 (255% lower than the average of both)
- The category 'All' has the higher average value of 303,207



## Population projections (Aged 65+)

You are looking at Population Projections time series data in the area(s) you have selected (above) between 2020 and 2043.

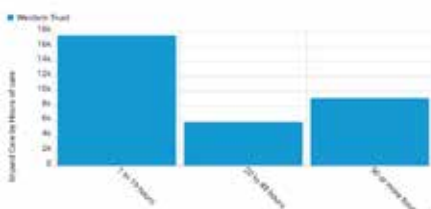
- The highest value over this time frame is 74,761 and occurs in 2043
- The lowest value over this time frame is 49,824 and occurs in 2020



## Persons providing unpaid care

You are looking at Unpaid Care data by Hours of care in the area(s) you have selected (above) for 2011.

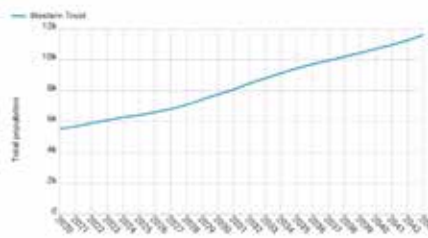
- The data is shown by 3 categories: 1 to 19 hours, 20 to 49 hours, 50 or more hours
- The category with the highest value is '1 to 19 hours', with a value of 17,538
- The category with the lowest value is '20 to 49 hours', with a value of 5,859



## Population projections (Aged 85+)

You are looking at Population Projections time series data in the area(s) you have selected (above) between 2020 and 2043.

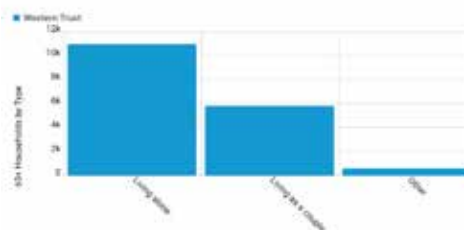
- The highest value over this time frame is 11,593 and occurs in 2043
- The lowest value over this time frame is 5,512 and occurs in 2020



## Census households (Aged 65+)

You are looking at 65+ Households data by Type in the area(s) you have selected (above) for 2011.

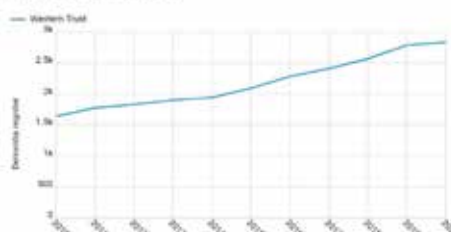
- The data is shown by 3 categories: Living alone, Living as a couple, Other
- The category with the highest value is 'Living alone', with a value of 10,956
- The category with the lowest value is 'Other', with a value of 590



## Persons on the dementia register

You are looking at Dementia register time series data in the area(s) you have selected (above) between 2010 and 2020.

- The highest value over this time frame is 2,835 and occurs in 2020
- The lowest value over this time frame is 1,639 and occurs in 2010



# Foyle Hospice

*Together we care*

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