



Strategic Plan 2017 - 2021

For 35 years ACCORD Hospice has continuously provided a special way of caring for people affected by or living with a life limiting illness

The Hospice is a Scottish Charity SC 013682

www.accordhospice.org.uk



ACCORD Strategy 2017 – 2021

Introduction

The Scottish Government has set out a strategic framework for Palliative and end of life care (Appendix I). The vision is that 'by 2021, everyone who needs palliative care will have access to it'. The framework can be summarised as follows:

- 1. The whole community becomes more aware of the importance of good palliative and end of life care.**
- 2. In each community, a network of care will be developed so that palliative and end of life services are provided in more settings and by a wider variety of professions. Access to these services will be available to all who can benefit regardless of age, gender, diagnosis, social group or location.**
- 3. All palliative and end of life care should be characterised by an identifiable ethos. It should be multidisciplinary, clinically excellent and person centred while catering for physical, psychological and social needs of the patient and his or her family and carers.**
- 4. The resources needed to fulfil this vision will come from central government, local authorities, health boards and wider sources of support within communities.**

This strategy for ACCORD will use these headings to set out our plans and priorities. We will also use the same timescale: that is, between now and 2021.

1. The whole community becomes more aware of the importance of good palliative and end of life care to the well-being of society.

Box 1 provides information about the size, demography and health profile of the population served by ACCORD. It also lists the organisations with an interest in promoting good palliative and end of life care in this population. It would seem natural for the Health and Social Care Partnership to take the lead in this objective but ACCORD will seek to play its part in the following ways:

- 1.1 Develop a programme of talks with interested local groups. Staff from ACCORD will proactively seek opportunities to present the need for population awareness of end of life care with any group in our catchment area who shows an interest.
- 1.2 We will expand our network of supporters. The concept of 'ACCORD Champions' will be developed, linking this approach with the talks, described above, and other fundraising events.
- 1.3 We will expand and develop the nature of our volunteer network. The Scottish Government has instructed us to take a more robust approach to the policies and procedures that govern our volunteer networks and this imperative, together with our need for a larger number of volunteers, calls for the creation of a new volunteer plan.
- 1.4 The successful development of the Gleniffer Outreach Centre in the past few years is a source of pride for the organisation and we hope to build on this by developing the "Compassionate Community" concept and bringing the work of Gleniffer Outreach more in line with this approach.

BOX 1

DEMOGRAPHICS

Population:

Renfrewshire 170,000

East Renfrewshire / Levern Valley 25,000

Deaths:

1900

902

Ageing population – over the next 20 years the number of people aged over 65 years will rise by approximately 50%.

An ever growing number of people are living with disabilities and long term conditions.

Extremes of deprivation and affluent areas – Ferguslie most deprived datazone and is ranked number 1 in Scotland.

Carers:

Carers in Renfrewshire number almost 13,000 individuals and provide up to 50 hours of unpaid care per week. 10% of our population are unpaid carers.

Organisations: (not exhaustive)

- NHS GGC Health Board / Royal Alexandra Hospital
- Renfrewshire Health & Social Care Partnership
- Third sector bodies e.g. Carers Centre / ROAR / Macmillan / Marie Curie
- St Vincent's Hospice
- Hospice UK
- Scottish Partnership for Palliative Care
- Engage Renfrewshire
- Local Authority and Private Care Home Providers
- Education – University of West of Scotland / Glasgow University / Caledonian University

2. In each community, a network of care will be developed so that palliative and end of life services are provided in more settings and by a wider variety of professions. Access to these services will be available to all who can benefit regardless of age, gender, diagnosis, social group or location.

Taking its lead from the Health and Social Care partnership, ACCORD will seek to play a full part in this objective by providing services and working in partnership with others to ensure that the vision of an integrated and coordinated system of palliative and end of life care is realised. Box 2 sets out the services currently provided by ACCORD. Our contribution to creating a more coordinated and integrated system of care at the local level will be as follows:

- 2.1 Lead a programme of research which will have three phases. Phase one will gather data about the extent and nature of palliative and end of life care in our catchment area. This will provide quantitative data that will facilitate better planning and prioritisation in the future. Phase two will examine a variety of care settings to explore the nature and quality of care provided. Phase three will use ongoing data collection to enable a 'whole system' approach to palliative and end of life care to emerge.
- 2.2 We currently have 3 broad services which contribute to community outreach. These are: our various community based services, the 'Gleniffer Outreach' and our Day Therapy Unit. We aspire to use all three in a more integrated and flexible manner. The idea is that we develop forms of leadership and working which enable the staff involved to deploy and re-deploy their skills in all three services in a flexible way that more appropriately responds to need. To that end, our first task will be to explore approaches taken to community outreach in other hospices with a view to creating our own implementation plan.

Box 2

CURRENT ACCORD SERVICES

- Community Palliative Care Clinical Nurse Specialists
- Day Therapy Unit
- Gleniffer Outreach
- Medical Outpatient
- Inpatient Unit
- Allied Health Professionals
- Patient & Family Support
- Social Work
- Lymphoedema
- Complementary Therapies
- Education
- Volunteers / Patient Transport

3. All palliative and end of life care should be characterised by an identifiable ethos. It should be multidisciplinary, clinically excellent and person centred while catering for physical, psychological and social needs of the patient and his or her family and carers.

Box 3 provides data on our inpatient services. Our previous strategy identified inpatient care as central to the work of ACCORD. This will remain the case between now and 2021. The challenge for inpatient care is to cope with an increasingly more complex caseload and a wider variety of diagnoses. Box 3 illustrates that we are already responding to this challenge and it is anticipated that the increasing complexity and dependency in our patients will increase. It is also anticipated that we will be treating an even wider range of diagnoses.

ACCORD receives regular and frequent feedback on our inpatient care from our patients and regulators. It has become clear from this feedback that improvements are needed in our inpatient facilities. Therefore, to meet the challenges set out in the above paragraph, and to respond effectively to feedback, we will refurbish our inpatient unit so that we have 8 single rooms all of which will be 'en suite' and with access to a small individual garden area. We will also make a number of ergonomic and energy efficiency improvements to the entire unit. An added benefit is that there will be enhanced facilities for families, enabling them to spend time with their relatives in greater comfort.

The promotion of an identifiable ethos for palliative and end of life care will also be delivered through the following. We will continue to develop our work with nursing homes providing education and support for staff that provide end of life care to patients who die in that setting. We will continue to provide training and education for our own staff to develop their skills in this ethos. That training and education will also be extended to professional groups who either work in partnership with us or seek our input to their training. Our programme of clinical governance is already well developed and this will be essential to ensuring that the standards that we set for ourselves are being maintained. Finally, we will encourage our staff to contribute to and learn from engagement with local and national bodies that have a concern for palliative and end of life care.

Box 3

The process involved scoring each patient, each shift on 9 different dependency related areas. The final total of this scoring process would then provide a dependency level score of 1-4 (4 being the highest dependency), with the option of recording patients as '1:1' when they required constant one on one care. This created a set of raw data that would be the basis of any analysis, the focal point being how closely dependency ratios matched figures produced by 65 UK based hospices, as well as how the ward's data compared with Scottish overall outputs

Key points (March 2015 Figures)

- Total average dependency mix for Accord was as follows.

	Dependency Mix			
	Level 1%	Level 2%	Level 3%	Level 4%
ACCORD	0	13	55	32

- Compared to Scottish averages, Accord shows a lower ratio of level 2 patients, and higher ratios of level 3 and 4.

	Dependency Mix			
	Level 1%	Level 2%	Level 3%	Level 4%
Scottish Averages (18 wards)	1	25	52	22

- Dependency mix ratios showed a 3% variance with UK wide figures, with Level 1 and 2 patients making up 13% of the Accord population (16% UK) and Level 3 and 4 patients making 87% (84% UK).

	Dependencies	
	1&2	3&4
ACCORD Dependency Mix	13%	87%
UK Dependency Mix	16%	84%

- Overall daily occupancy rates ranged from 64.1% to 100%, averaging at 86.2%. These figures are based on patient time spent on ward rather than only activity. This compares with a Scottish average of 78.1%.

4. The resources needed to fulfil this vision will come from central government, local authorities, health boards and wider sources of support within communities.

Box 4 sets out our income and expenditure over recent years. This illustrates several challenges. While Greater Glasgow and Clyde Health Board provides half of the cost of our core services, this represents only 46% of our total expenditure. Since the financial crisis of 2008, we have set a deficit budget of between £250,000 and £400,000 so that a wider range of services can be maintained. Fortunately, through the generosity of those who have left money to ACCORD in legacies, this has only resulted in an overall deficit in one year (2015-16). However, income from legacies is unpredictable and cannot be relied upon into the future. Importantly, income from shops, fund raising events and lottery has shown little growth in recent years. Finally, the planned investment in our inpatient unit will represent a major financial commitment for the hospice.

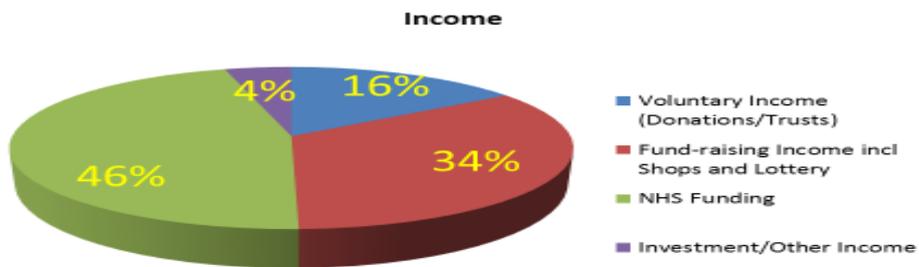
In response to these financial challenges, we have already restructured our approach to and staffing for our three main income streams – namely, shops, fundraising events and lottery. We are encouraged by early signs of success but there is much more to be done. As set out above, we will also seek to expand our supporters and, as a consequence, the number of people who contribute financially to ACCORD on a regular basis. Our aim will be nothing less than to close the current gap between income and expenditure. This would mean that the variable income from legacies can be used for special developments.

We are enormously grateful to the people in our catchment area who have worked so hard and have given so generously for many years. Because of their generosity we have sufficient reserves to invest £1m in the comprehensive refurbishment of the inpatient unit. We feel confident that our supporters will be pleased to see the fruit of their efforts put to such good use.

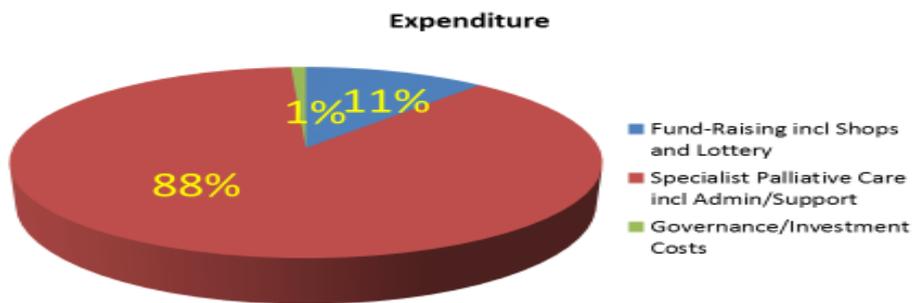
Box 4

INCOME & EXPENDITURE

How our income was generated in the year to 31 March 2017

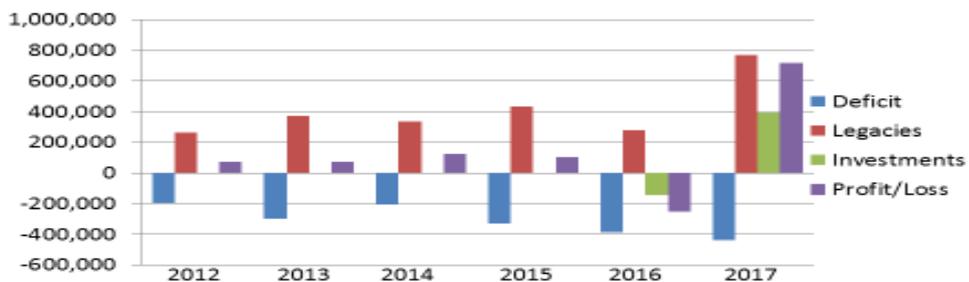


How we used our resources in the year to 31 March 2017



The Importance of Legacies and Investment Gains/Losses on our results

- Legacies received are a crucial part of the income stream for ACCORD
- In 2016 and 2017, the impact of investment gains/losses is also noted separately from the date of the new reporting requirements



Monitoring and Evaluation

It is important that our strategic plan delivers and that we monitor progress. We shall regularly review we are delivering on what we said we will do and as equally important, we will be alert to any changes to the environment or the changing needs of patients and their families and adapt our plan accordingly.

An operational plan will be devised. This will break down the strategic priorities to manageable sizes. This will be reported on regularly to the Board of Directors and individual and team objectives will be linked to the implementation plan.

We shall seek feedback from our patients, families, staff (employed and voluntary) supporters and partners whenever possible.

Conclusion

ACCORD will seek to play its part in providing palliative and end of life care for the whole population, maintaining and developing our historic commitment of inpatients care while reconfiguring and expanding our more community based services

How You Can Help Us

At ACCORD we are proud of the services we provide to our local community and we know that we would not be able to sustain them without the community's involvement.

There are many ways to support our Hospice and being involved in Participation is one of them.

Participation is having your say regarding the services you are involved or have contact with. It's about helping the organisation make decisions on many aspects of current and future service provision.

We would like to encourage you to become active in Participation here at ACCORD, and we will always listen to what you have to say, providing feedback where possible.

If you wish to be involved further, please get in touch by email to info@accord.org.uk or telephone 0141 581 2000.

There are other ways you may wish to consider supporting ACCORD, for example,

- Attend one of our fundraising events
- Hold your own event (with support from the ACCORD fundraising team)
- Volunteer
- Join the Hospice lottery
- Make a regular donation via direct debit
- Leave a gift to the Hospice in your Will
- Donate to and visit one of our shops or store
- Become a Member of ACCORD and attend the AGM

Please call the fundraising team **0141 581 2002** for more information