

Queenscourt Strategic Direction 2021-2026



Mission Statement:

To empower compassionate communities to support one another, in the face of advanced and progressive, life limiting illness, through provision of supportive and specialist palliative care services.

Contents:

Section 1	Introduction and Background	Page 3
Section 2	Our Strategic Themes & Values	Page 4
Section 3	Analysis of External Factors	Page 5
Section 4	Strategy Map	Page 7
Section 5	Strategy Matrix 2024- 25	Page 8

1. INTRODUCTION AND BACKGROUND

This document sets out the strategic direction of Queenscourt to 2026. Our Strategic Map and Matrix are developed with #teamqueenscourt and from there our annual business, departmental and individual plans are formed. Along with our budget plans, the Strategic Map and Matrix is reviewed and agreed for each coming financial year. At that point, this document is updated accordingly.

Queenscourt is an independent, charitable, voluntary body funded mainly by the generosity of local people. We opened in our purpose-built facility on Town Lane in 1991 having originally provided Saturday day care for patients with palliative care needs from 1988 elsewhere. We provide free specialist palliative care principally for the people of Southport, Formby and West Lancashire.

Our in-patient unit has ten beds. Queenscourt was enlarged in 1998 to provide better day care facilities in our Holistic Therapy Centre and in 2001 the Terence Burgess Education Centre opened to support our aim of sharing our knowledge and experience with others. In 2009 we started a Queenscourt at Home service and in 2013, following refurbishment of the building, developed the day services into Queenscourt Connect to meet a wider range of patient needs. Since 2017 we have sub-contracted for the delivery of the specialist palliative care element of the integrated community services across Southport, Formby and West Lancashire.

This strategy assumes that we can afford to continue doing what we do over the next 3 years. We recognise that this assumption may be challenged if we are not able to reduce our year-on-year deficit budget. Such an eventuality could mean difficult choices about what we do, as well as how we do it and we monitor our financial position via monthly accounts and our Finance Committee. This is our agreed Strategic Direction for the remaining 2 years, until 2026 and it is overseen by our Executive Directors and Council of Trustees. Our key performance targets and measures are detailed within our Strategic Matrix. During our consultation process this year it has been identified that rather than refresh our Strategic Direction in 2025, this will be the point to take stock, consult widely and launch a new Strategic Direction that will guide us from 2025 to 2030

There is little doubt that costs will continue to rise over the year, largely for reasons beyond our control. Efficiency must be a continual consideration and review of expenditure is ongoing. Our aim is to achieve the sustainability that will allow us to achieve our aims and strategic objectives. This requires a clear focus on managing expenditure and increasing income, ensuring a move to a surplus position. Our reserves are still strong but have reduced while meeting the recurring deficit of past years. This approach cannot continue if we wish to be able to support our local communities into the future.

Public funding cannot be guaranteed. It is unlikely to rise in line with cost and there is always a risk that it will reduce. There are opportunities to collaborate regionally and to engage with commissioners to evidence the case for increased funding. This has yielded positive results, including the Lancashire and South Cumbria wide Hospice review which is being undertaken in the latter half of 2024. Our reserves and positive investment results have enabled us to weather years of deficit. However, we cannot rely on this approach as we look to the future. We must focus on highlighting the value and impact of the services we provide to statutory funders, voluntary funding bodies, major donors and the general public who support us so generously.

2. Our Strategic Themes

Our strategic themes are informed by the Vision and 6 ambitions for Palliative and End of Life Care



We have 5 strategic themes to assist us in achieving these ambitions. They are:

- ***Compassionate Communities***
- ***Financial Stability, Integrity and Accountability***
- ***Interactive Transformational Education***
- ***Transparent and Robust Governance***
- ***High Quality Supportive and Specialist Palliative Care***

These themes are aligned to, and underpinned by, our core values of **CLEAR**:

Compassion
Learning
Excellence
Accountability
Resources

3. EXTERNAL FACTORS

What we do now and how we do it will continue to be driven largely by factors that we can only hope to influence, rather than control. A new government has been elected and only time will fully illustrate their priorities. The NHS is constantly changing, regardless of party politics and it is vital that we continue to engage in the national debate, led by Hospice UK, the regional collaboratives and the local landscapes of:

- Integrated Commissioning Boards (ICB), who allocate funding regionally.
- Integrated Commissioning Partnerships (ICP), who plan the best response to need regionally.
- Place Based Partnerships (PBP), who will seek to influence and deliver the regional agenda on a more local footprint.
- Primary Care Networks (PCN)
- Integrated Neighbourhood Teams (INT)

It is vital to maintain channels of communication and productive relationships with commissioners, clinical networks, provider collaboratives and the partners that support us or with whom we have begun to network so effectively.

Pressures on public sector funding over the next few years will only continue to increase, but for the first time in a number of years there are potential opportunities to lobby for greater contributions to our core costs, not least the formation of larger ICS footprints where the inequity of funding between Hospices has now become starkly apparent. We will use our participation in the Lancashire and South Cumbria review of Hospices to highlight inequity and support the development of fairer funding models. We will also highlight this message through all the engagement channels that we can identify.

There appears to be a greater awareness of the value and contribution of Hospice services. Key indicators of this include:

- An amendment to the Health and Care Act 2022 that for the first time enshrined a right to palliative care into law.
- Increased engagement between NHSEI and the Hospice Networks.
- The development the PEOLC Commissioning Investment Framework that defines core/ specialist palliative care as the responsibility of the ICS and / or Local Authority, whilst more enhanced support is identified as the realm of Hospice teams. Whilst this tool is not prescriptive, it does offer a useful mechanism to guide conversations with commissioners.
- Reference to the importance of community palliative care in the incoming government manifesto
- Debate in the parliament to discuss the need for fairer funding settlements

We will always depend heavily on volunteers. To pay for any of the wide variety of the work they do would be an immense added financial burden. Roles are consistently designed, when needed, that support new ways of working. Recruitment

of volunteers and their varied experience and skills will continue to be a key piece of work in 24/25.

We can and do provide care to those patients with non-malignant terminal illness as well as malignant. As providers, or future providers, of general palliative care, nursing homes serve those with longer term general palliative care needs. We continue to value excellent collaborative working relationships with them to ensure the best possible services for the local population.

Our Education Centre provides a wide-ranging programme of education available to District Nurses and Community teams, GP's and GP registrars and many other health professionals. Our education philosophy is about increasing the knowledge, skills and confidence of others so that more people can be supported in their own homes where that is their preferred place of care at the end of life. We shall continue to offer placements for medical, nursing and therapy students. We will review our education provision to more fully understand impact and the true cost of provision.

We have to meet the standards of our statutory regulatory authority, the Care Quality Commission, and cancer/palliative care peer review standards. 'Iwantgreatcare' feedback from our patients and families along with Thymometrics feedback and analysis from staff, along with regular visits by our Integrated Governance Committee visiting Group help us to keep in touch with what the patients, their loved ones and #teamqueenscourt need from us.

4. STRATEGY MAP

Vision	<i>'Queenscourt - where life is for living.....'</i>
Mission	<i>To empower compassionate communities to support one another, in the face of advanced and progressive, life limiting illness, through provision of supportive and specialist palliative care services.</i>
Compassionate Communities and Employment	<p>Cultivation of compassionate communities, sensitive to the needs of those who are dying and their families, who support one another in times of need and development of family support services sensitive to the needs of those approaching the end of life and those recognised as likely to be dying and their families. The community will be prepared to support one another in times of need. This will be alongside the development of QCH family support services</p> <p>Carers' individual needs are recognised, and carers are also supported to develop informal networks of support</p> <p>Work to ensure Queenscourt has a supported and engaged, healthy and resilient workforce.</p> <p>Promote our Health and Wellbeing strategy to #teamqueenscourt & launch Vivup staff benefits and Exclusive rewards schemes.</p>
Financial Stability, Integrity and Sustainability	<p>Make full use of available Marketing & Comms resource to create compelling case for support, using collateral and impact information to assist with influencing key stakeholders such as Hospice UK, NHSE, ICBs and other commissioners such as the local NHS trusts. Monitor and consolidate our income generation approach and continue to creatively develop our approaches to our retail business, lottery and fundraising - change and adapt fundraising approaches to ensure best ROI (Return on Investment)</p> <p>Strengthen our reserves through service review and principles of best value</p> <p>Consider succession and sustainability of the workforce, both paid and voluntary.</p> <p>Embed a reduction in our carbon footprint by working to the principles of our sustainability statement and considering environmental impact in working practices and procurement evaluations.</p>
Interactive Transformational Education	<p>Develop both the paid and volunteer workforce and keep under review the skills, training and recruitment required to best support the roles required by Queenscourt</p> <p>Develop a 5 year Education strategy and conduct a review of education programmes.</p> <p>Develop a clear branded identity for Queenscourt to raise awareness and maintain or enhance our reputation.</p>
Transparent and Robust Governance	<p>Ongoing evaluation of Queenscourt services and determination of our long-term direction</p> <p>Keep under review the size, skills, training and recruitment of the Council and comply with best governance practice generally</p> <p>Refine information sharing, performance management and reporting systems.</p>
High Quality Supportive and Specialist Palliative Care	<p>People receive the highest possible standard of free supportive and specialist palliative care for those with far advanced and progressive, incurable illness</p> <p>Collaborative work with local services and providers in the wider health care system to enable people to be cared for, and to stay, in their own homes as far as possible, including work toward CQC's Getting to Outstanding (GTO)</p>
Values (CLEAR)	Compassion Learning Excellence Accountability Resources

5. STRATEGIC MATRIX 2024 - 25

Our strategic objectives are informed by our five main strategic themes and our values:

- **Compassionate Communities** (*Compassion*)
- **Interactive Transformational Education** (*Learning*)
- **High Quality Supportive and Specialist Palliative Care** (*Excellence*)
- **Transparent and Robust Governance** (*Accountability*)
- **Financial Stability, Sustainability, Integrity and Accountability** (*Resources*)

Our strategic matrix is supported by the annual budget plans for the financial year but recognises that we are operating in a continually evolving and dynamic environment and in a context within the wider health services. A key objective for 24/25 is to update our Strategic Direction with information regarding our Key Strategic Risks, our appetite for risk and the Board Assurance Framework following adoption of the BAF from September 2024.

We will continue to describe where we are heading, by setting long-term goals, objectives, and priorities for the future. This Strategy clearly identifies our Vision, Mission, Values and Objectives.

The following matrix details how we aim to achieve our strategic objectives during 2024 to 2025 and it identifies appropriate timescales.

This summary of our strategic direction (our Strategy Map and Matrix) will be made available to staff and volunteers and used via the appraisal process to inform and agree individual objectives and development plans.

Strategic Objective (What do we want to achieve?)	Initiative (How will we do it?) (Who is responsible?)	Key Performance Question (What results really matter)	Measure (What is the best way to measure progress?)	Target and mechanisms Quarterly (Traffic light)
1. People receive the highest possible standard of free supportive and specialist palliative care for those with far advanced and progressive, incurable illness	Provide a wide range of palliative care services of the highest quality: <ul style="list-style-type: none"> • Embed learning from Virtual Ward pilot into delivery of Core service delivery by Sep 24 • Implementation of Patient Initiated Follow up by Aug 24 • Use of patient's own medication (in line with CQC GTO) – Processes in place by 3rd Quarter 24/25 	To what extent are we delivering the highest quality possible? How do we compare with others?	Mandatory Training & Feedback responses	Keep above our chosen benchmarks – falls, pressure ulcers, medication and PPC / Patient and family / friends feedback.
2. Collaborative work with local place-based services to enable people to be cared for, and to stay, in their own homes as far as possible	Influence and build the capacity of other providers of end-of-life care in our community to ensure seamless quality community care: <ul style="list-style-type: none"> • Participate in programmes of GTO and Shaping Care together across the integrated footprint. • QCH acts as a senior partner in place-based (Sefton and West Lancashire) collaborations to enable people to be cared for to live and die well. • Support the local implementation of the National Ambitions for End-of-Life Care through: Contribution to Sefton Place self-assessment against the National Ambitions for End-of-Life Care And Support for the implementation of the West Lancashire "Getting to Outstanding" Action Plan, based on the National Ambitions for End-of-Life Care.	How many people are able to stay in their own home when it is their preferred place of care?	Number of people able to die in their preferred place of care.	% of people PPC achieved Course outcomes No. ACMPs developed Success of REOLTs Regular outcome meetings by April 2025

Strategic Objective (What do we want to achieve?)	Initiative (How will we do it?) (Who is responsible?)	Key Performance Question (What results really matter)	Measure (What is the best way to measure progress?)	Target and mechanisms Quarterly (Traffic light)
3. Cultivation of compassionate communities, sensitive to the needs of those who are dying and their families and supportive of a healthy, engaged, and resilient workforce #teamqueenscourt	Wider public engagement informing 'compassionate community' development <ul style="list-style-type: none"> Identify resource to support family support services via BIG GIVE appeal by Dec 24 Promote wellbeing strategy with pre and post survey to measure familiarity Reintroduce face to face bereavement events and support by August 2024 Implement SMI rostering system by Oct 24 Implement Vivup staff benefits and Exclusive rewards system by Jan 25 Development of appropriate marketing & comms messaging & collateral 	What levels of engagement are there with our support programmes and bereavement support? How familiar are staff with wellbeing strategy?	Numbers of people accessing bereavement & family support Sickness rates Development of appropriate marketing & comms by end of Quarter 4 2024/24	Big Give application by Dec 24 Attendance at support and events Reduction in sickness levels by Quarter 3 2024/25 compared with 23/24
4. Wherever possible, carers' individual needs are recognised	Assessment of carers needs and provision of, or signposting to appropriate support: <ul style="list-style-type: none"> Link into Q@H where there are gaps and/ or crisis Carers support groups underway by 2nd quarter 2024/25 	Do carers know how they can receive support?	Number of carers attending programmes and events	No. of carers' assessments / engagement
5. Ongoing evaluation of Queenscourt services and determination of our long-term direction	<ul style="list-style-type: none"> Extended implementation of Vantage for FTSU processes, mandatory training & policy review. Identify Vantage champions in applicable teams by Jan 25 Agreed incident baselines for measurement of reduction after planned education and procedure intervention by quarter 2 24 / 25 Create new and compelling engagement tools e.g. virtual feedback via online surveys Visioning by end of Quarter 3 2024/25 	Are our services fit for purpose & sustainable on a long-term basis?	Feedback and satisfaction rates from 'Iwantgreatcare' and THYMO analysed on a monthly basis and increased from agreed baseline	No of complaints % ratings in IWGC Reduction of recurrent themed incidents recorded in Vantage by 3 rd quarter 24/25

Strategic Objective (What do we want to achieve?)	Initiative (How will we do it?) (Who is responsible?)	Key Performance Question (What results really matter)	Measure (What is the best way to measure progress?)	Target and mechanisms Quarterly (Traffic light)
6. Ongoing review of the size, skills, training and recruitment of the Council and comply with best governance practice generally	Ensure mechanisms in place to evidence best practice and effective governance. <ul style="list-style-type: none"> Board development plan and Trustee individual - annual review by Aug 24. Mandatory training for Trustees Committee structure with delegations by Sep 24 	Is the Council fully informed and equipped to govern effectively?	Reporting information is available to measure against key objectives Clear ToR	100 % Trustee reviews completed Minimum 90% mandatory training compliance
7. Refine information sharing, performance management and reporting systems.	Ensure clear systems for the collection, collation, reporting and measurement of information: <ul style="list-style-type: none"> Implementation of Board Assurance Framework (BAF) by Sep 24 Data Warehouse operational with S&O IT by Jan 25 	How well do we hold ourselves to account for performance?	Board Assurance Framework Integrated Governance Committee Triple A reports	Subcontract performance reports Quality KPIs in Integrated Governance report Quarterly meetings with commissioners
8. Develop both the paid and volunteer workforce and keep under review the skills, training and recruitment required to best support the roles required by Queenscourt	Deliver and evaluate a continuous professional development/education programme for staff and volunteers. <ul style="list-style-type: none"> All staff to have been appraised under solution focused appraisal scheme – documentation updated to reflect our Vision & Strategic Objectives by March 25 Ensure comprehensive induction and in service training to both clinical and non-clinical staff and volunteers Consider Open Days as a method to encourage recruitment by March 25 Use team stories to promote QCH as a preferred place to work External marketing campaign on working for QCH by Aug 25 	To what extent are staff and volunteers skilled and motivated to deliver our mission?	Staff satisfaction and competence. Appraisal Retention Volunteer satisfaction and competence Recruitment Retention FTSuG data returns	Staff trajectories via THYMO % Appraisal & mandatory training completion % Retention No applications for vacancies Volunteer % Attendance at induction % Attendance Communications skills courses %Retention Recruitment results

Strategic Objective (What do we want to achieve?)	Initiative (How will we do it?) (Who is responsible?)	Key Performance Question (What results really matter)	Measure (What is the best way to measure progress?)	Target and mechanisms Quarterly (Traffic light)
9. Continue to offer transformative education for professionals, care homes, community members and others in the field of palliative care	Educate health professionals and others by providing a comprehensive palliative care education programme <ul style="list-style-type: none"> Establish a 5 year strategy for the development of education by Aug 25 Review PGC and MSC approach by Aug 25, including further opportunities of virtual education Quantify cost of delivery for each type of education to better inform charging as part of review by Aug 26. Develop targeted marketing & comms to enhance profile and highlight impact by end of Quarter 4 2024/25 	How well do we measure the impact of our education programmes? How well do we understand what our education costs?	Student and participant attendances and formative / summative feedback	No. attendees on programmes / numbers achieving qualifications % Target - Satisfaction / impact rating of evaluation
10. Reinforce our clear branded identity for Queenscourt	Maximise publicity in all available media and promote a positive public image of the work of Queenscourt across all areas. <ul style="list-style-type: none"> Install TVs with messaging in reception and in Retail shops by May 25 Embed our inhouse communication resource & refine information about our services on the website by Jan 25 Develop 'Compassionate Communities' narrative within our comms by Nov 24. Develop a communications toolkit by Sep 24 Develop a conducive and considerate process for capturing patient stories – first hand & via their families and loved ones and Engage with National Legacy campaign and plan use of local toolkit by Nov 24 	How well informed are people about our whole range of support, services and education?	Measure potential impact of legacy campaign by reviewing level of legacy pledges / receipts over next 5 years Increased social media engagement and communications performance against identified benchmark.	Increase level of general donations against 24/25 performance Use of at least 1 story from QCH teams to raise awareness of what we do each quarter

Strategic Objective (What do we want to achieve?)	Initiative (How will we do it?) (Who is responsible?)	Key Performance Question (What results really matter)	Measure (What is the best way to measure progress?)	Target and mechanisms Quarterly (Traffic light)
11. Foster a close working arrangement with collaboratives, CQC, Hospice UK, NHSEI, the local NHS trusts, the ICS structures ensure a clear understanding of what we are expected to do	Engage with and influence key stakeholders thus evidencing our best practice to a growing pool of partners and influencers. <ul style="list-style-type: none"> • Provide (and clearly evidence impact of) integrated approach to palliative care across SODGH, QCH and community services • Work across ICS regions as part of Hospice collaboratives. • Agree how S&O specialist palliative care services, delivered by Queenscourt Hospice, feed into MWL governance structures by March 25. • Contribute to a review workforce for Specialist Palliative Care and Bereavement Services across S&O by March 26 • Develop business cases to support ED in-reach and a dedicated hospital palliative care Clinical Nurse Specialist at weekends and expansion of palliative medicine workforce as natural next step for Virtual Ward development by March 25. • Represent Hospice Collaborative at Lancashire Place Partnership Board • Working with Lancashire and South Cumbria ICB, participate in and co-produce Review of Hospice provision in Lancashire and South Cumbria by March 25 	How do we ensure that we are clearly meeting our obligations / requirements?	Evidence of our performance and best practice through Key Performance indicators	CQC ratings Engagements with networks Quality KPIs Benchmarking approach Integrated Governance reporting Quarterly reporting to commissioners

Strategic Objective (What do we want to achieve?)	Initiative (How will we do it?) (Who is responsible?)	Key Performance Question (What results really matter)	Measure (What is the best way to measure progress?)	Target and mechanisms Quarterly (Traffic light)
12. Monitor and consolidate income generation approach and creatively develop our approaches to our retail business, lottery and fundraising	Maximise and monitor income raised through our various fundraising activities & subsidiaries: <ul style="list-style-type: none"> • Increase income from statutory sources through negotiation of grants, inflationary uplifts, lobbying or tendering for contractual income. • Increase net income from shops. • Conduct feasibility study for expansion of Retail through a multi-purpose premises or additional multi-site premises by Sep 25 • Monitor capacity, roles and focus of Fundraising Team to increase income & ensure increased ROI • Outsource Lottery operation to ensure resilience and increase ROI by August 24 • Explore feasibility of launching capital funding appeal for a new build by Aug 26 	To what extent are we maximising income from the full range of opportunities available?	Increased income against prior year Number of Lottery Members retained & new Members Recruited by LHL Number of new Regular Givers	£ income % ROI for income <ul style="list-style-type: none"> • % income increase on prior year from Statutory sources • Grant funding
13. Monitor use of, and if possible, strengthen our reserves and reflect the wider priorities of sustainability within our strategies and plans.	Manage deficit and aim to increase income. <ul style="list-style-type: none"> • Ensure clear budgetary controls used • Finance committee to monitor 3 year forecast tool to monitor long term impact on reserves when budget setting annually. • Consider impact on environment in all activities, as per sustainability statement. • Internal marketing campaign with #teamqueenscourt to encourage 'ownership' and consideration of potential savings, resources and expenditure by Sep 24. Then repeated quarterly • Upgrade heating system to reduce energy use by August 2024 	How do we develop an approach to sustainability that both addresses our environmental impact and our underlying deficit.	Management accounts and P&L % measures Budget profiling and monitoring tool	£ expenditure % increase within tolerance and according to budget