



**Compton  
Care**

Registered charity number: 512387

# Clinical Strategy 2023-26

## Our Mission

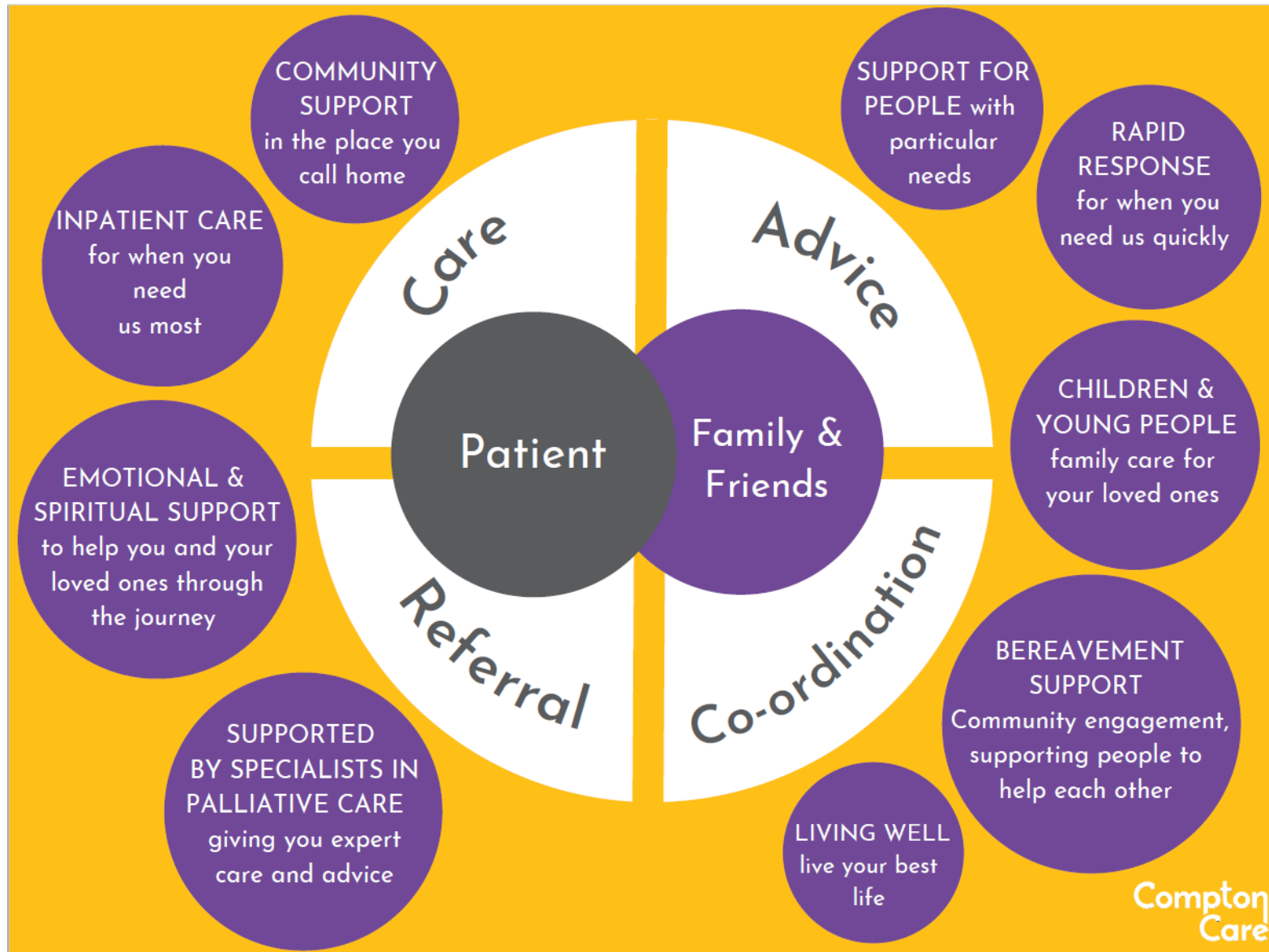
**Compton Care provides high quality, accessible care and support for the people in our communities living with life limiting conditions**

## Contents Page

Our Services	Page 3
1.0 Executive Summary	Page 4
2.0 Underpinning Functions	Page 5
3.0 Introduction	Page 6
4.0 Developing the Strategy	Page 7
5.0 Strategic Intentions	Page 7
6.0 Strategic Aims	Page 11
7.0 Implementation	Page 13
8.0 Conclusion	Page 14
9.0 Authors	Page 14







## 1.0 Executive Summary

This strategy sets the direction of travel for Compton's clinical services for the next 3 years. for the purposes of this document Clinical services include:

- In-patient unit
- Community Services
- Advice and Referral Line (Care Coordination)
- Counselling and Supportive Care
- Living Well
- Outpatients
- Lymphoedema

The particular focus is on improving access for harder-to-reach communities, continuing to modernise existing services and the expansion of our supporting care provision.

The strategic direction of our Clinical services are supported by local and national frameworks for palliative and end of life care and specifically:

- Health and Care Act 2022
- National commissioning framework for palliative and EOL care 2022
- Palliative and End of Life Care statutory guidance for Integrated Care Boards 2022
- Ambitions for Palliative and End of Life Care: a national framework for local action 2021-2026
- Palliative and End of Life Care funding and contracting approaches - achieving sustainability in partnership 2022
- Gold Standards Framework 2012
- Enhanced Health in Care Homes Framework NHS 2020
- End of Life Care for Adults - Nice guidance NG 142 2019
- Hospice UK Futures - 2021

The intentions within this document are written in the context of new NHS systems, recognising that we now operate within two Integrated Care Boards (ICB):

- Black Country and West Birmingham
- Staffordshire and Stoke on Trent

And within these systems we deliver clinical care and support to three main Places (local areas):

- Wolverhampton
- Dudley
- South Staffordshire

As part of this Compton is represented at multiple levels within the new structures, ensuring that the hospice voice is heard, and our expertise recognised.

Palliative and End of Life Care now operates in a regulated environment with expectations set by the Care Quality Commission and local commissioning bodies. This strategy reflects these expectations and ensures we can deliver services that support at least a “good” rating, but with our absolute ambition to get to “outstanding”. We now have a clear set of key performance indicators (KPIs) and outcome measures against which to check our own performance and assure the Board of Trustees and commissioners that the standards of care offered across Compton’s services meet and wherever possible exceed expected standards.

This strategy describes the broad strategic aims for each of our existing services; any gaps in provision and plans to establish new services; clinical governance arrangements; clinical estate and clinical workforce plans.

*An annual workplan to support the delivery of the strategic aims will be developed which will be reviewed and reported quarterly for progress.*

## 2.0 Underpinning Functions

The underpinning values of this strategy are those that are set out by Compton’s organisational strategy:

- CARE - Values - C.A.R.E.
  - Collaboration - We work with patients, families and wider healthcare communities to deliver personalised care.
  - Accountability - We demonstrate individual accountability for behaviour, performance.
  - Respect - We are inclusive, we value difference, and we work together responsibly.

- Empathy - We listen, engage and act with warmth, kindness and understanding.

Within the overall strategy the strategic intention for our clinical services is described as follows:

Our services will continue to grow and develop with the input of service users and stakeholders and will be:

- Highly personalised; free of charge and unique.
- Sustainable, flexible and relevant to our population's needs
- Accessible and equitable to all communities that we serve.
- Of high quality that can be measured and evidenced.
- Delivered by well-trained, supported happy staff.
- Meeting enhanced, as well as essential needs.
- Delivered in modern, therapeutic environments.

There will be a particular focus on:

- Reducing inequalities in access to palliative and end of life care.
- Living Well, bereavement and supportive care services.
- An approach to accessing communities and supporting communities to help each other.
- Marketing and public engagement approaches.
- Investing in technical and innovative approaches.

### 3.0 Introduction

The recent COVID pandemic and subsequent national frameworks highlight the importance of good palliative and end of life care, including care of loved ones especially after death. Recent studies have demonstrated how variable palliative and end of life care still is despite this being set as a national priority every year for several years now and a study by Marie Curie has found that there is a shocking number of people in the UK not only experiencing poor care but also dying in poverty.

Good palliative and end of life care is a multi-disciplinary business including health and social care partners working together to see the patient and their loved ones as a whole – this is clearly set out in the National Ambitions framework, health and care act and commissioning frameworks.

However, set against health and social care systems in crisis, where, inevitably more acute/emergency care will take priority, palliative and end of life care is certainly not consistently delivered at an acceptable standard for all. Hospices can and should be used to fill the gap left by statutory organisations and wherever possible ensure everyone has equal access to good quality palliative and end of life care. There has never been a time when hospices are needed as much as currently, however, the old style model of hospice care needs to change to be more responsive, accessible and broader in scope.

This strategic document aims to set Compton's intentions for its clinical services for the next 3 years recognising the world in which we are operating and the changing needs of the communities that we serve.

#### **4.0 Developing the Strategy**

Our grassroots approach to the refresh of our clinical strategy began in 2022 with a series of events across all clinical services with multidisciplinary representation to hold discussions with staff underpinned by their knowledge of patients, outcomes and clinical standards.

Through thematic analysis, we established the emerging clinical intentions across all of our services to form the basis of our strategy. This was then refined and shared at four public engagement events has been presented to our clinical managers through the clinical Governance Subcommittee and to our Leadership and Board of Trustees through the Quality Assurance Committee and Board of Trustees.

#### **5.0 Our Strategic Intentions**

##### **Clinical Services**

Our services will continue to grow and develop with the input of service users and stakeholders:

There will be a particular focus on:

- Developing a second site from which to deliver services to wider geographical areas improving access for all.
- Reducing inequalities in access to palliative and end of life care. This will be demonstrated by investment in specific community based roles, a clear action plan and outcome measures to support this aim and an increase in community located services.

- Increasing our living well, family and support services. We know that there is a gap in provision across the communities we serve, especially post pandemic and we will step by step expand our service offering to fill this gap.
- We will no longer reference “Compassionate Communities” as an approach to engaging with our communities and helping communities to help each other. Instead, we will refocus resources on an engagement plan that has a specific health inequalities approach, targeted where it’s needed most.
- We know that the communities we serve and the health professionals we work with do not always have a good knowledge of what Compton offers. There will be a specific and relentless approach to raising awareness and engaging with the public to ensure that we are offering what is needed.
- Our services will be underpinned by increasing the use of technology and by continuous improvement and innovation, including actively participating in research.
- We will continue to develop our patient and family environments into therapeutic and peaceful spaces.
- The development of clear measures of success, building on our current measures. Including outcome measures and compliance with CQC standards. These measures will not only relate to standards and effectiveness of clinical care but will also include more holistic measures that differentiate “hospice” care from statutory services.
- We will operate within the national Ambition’s Framework reporting regularly on progress and engaging proactively with partners.
- Ensuring that we are part of local end of life care delivery plans and working with clinical commissioners to seek funding for core elements of our services.
- Continuing to offer enhanced services that go beyond the expectations of statutory services. This will include increasing complimentary therapies, further developing the wish coordinator role and living well services.

## Clinical workforce

**Our workforce is our greatest asset and therefore there will be a continued focus on ensuring our staff have access to support, development and clear management. This will be achieved by:**

- Continuing to support our clinical workforce with access to supervision, engagement opportunities, Schwartz rounds and excellent training and development opportunities.
- Investing in the development of our health care assistant workforce through in-house training opportunities, new role development and investing in nurses, and other, associate roles.
- Developing a renewed focus on advancing practice at all levels of clinical care but especially within our community team.



- Supporting Our clinical managers to develop robust management and leadership skills and enabling them to innovate within the services they lead.
- Developing a clinical volunteer plan and establishing an army of volunteers working within clinical care that enhances the work of our paid staff.
- Recruitment will focus on seeking applicants from a demographic that represents our local communities and ensure staff feel included regardless of any protected characteristics.
- Our clinical workforce ambitions will be further supported by the aims detailed in Compton's People Strategy.

### Partnerships

There continues to be a steer nationally, and especially from Hospice UK, for charities to seek opportunities to work together or in partnerships with statutory bodies. This is to provide a stronger voice, an ability to do more and creates economies of scale, especially around support functions. For our clinical services:

- We recognise that we cannot always deliver services in isolation. Continuing to work within and to strengthen partnerships across Place is essential to delivering safe and effective care. we will especially engage and support approaches to Virtual ward, care home support and clinical education.
- Wherever possible we will engage with other hospices to share learning, offer joint services or develop educational approaches.
- Internally we will encourage our clinical staff to work more closely with other parts of the organisation to broaden our wider staff group's knowledge and awareness of what we do and to ensure that patient stories are confidentially and respectfully shared for brand awareness and marketing purposes.
- Our IT team will be pursuing solutions to share patient records with our NHS colleagues which is vital to safe and effective patient care.

### Reach and Influence

We recognise that we are still not reaching and engaging with all of the local communities that need Compton services in order to ensure that we are responding to actual need and influencing care where necessary. To improve this:

- Clinical leaders will ensure Compton is represented on key committees and working groups to give a voice to hospice led care.

- We will engage more proactively with the Staffordshire system ensuring we give as much focus to our communities there as we do to the Black Country.
- We will identify specific communities that need better access to palliative and end of life care and take a targeted approach to reaching out and including those communities in care provision.
- We will Showcase our work wherever possible and in doing so strengthens our position and reputation both locally and nationally.
- There will be a robust approach to engaging and communicating with our communities to promote our services, develop services further and to gain feedback.
- We will locate services further out into our communities at health centres, social venues and also potentially in a new Compton building further emphasising our desire to improve access for all.
- We will develop services to operate from our newly purchased second site.

### Leadership and culture

**Excellent clinical services are dependent on excellent leaders and a culture that supports staff to deliver good care with integrity, transparency, skill and compassion. Within our clinical services this will be achieved through:**

- Our clinical leaders will be expected and enabled to develop a modern approach to management and leadership that gets the most out of our staff and delivers the best possible services.
- Leaders will be supported to be innovative in their approach and to think out of the box. We will ensure funding is available to support some of the good ideas that our leaders develop.
- We will be robust in our approach to staff support including excellent communication, well-being initiatives, performance management and development opportunity.
- Clinical leaders and staff will be held to account against this strategy, the organisations vision and values, CQC standards, our annual work plans and individual objectives.
- We will support enquiring and curious approaches to services, supported by research activity, education, Schwartz rounds, external visits and conference attendance.
- We will continue our work on key competencies, role clarity, preceptorship and mentorship.

In order to deliver our ambitions we will ensure that there is an annual work plan in place with specific service objectives, key performance indicators, outcome measures where possible, an audit plan and access to education and development.

## 6.0 Strategic aims

### Community services

- We will continue to develop and grow our community service model to ensure we deliver excellent care closer to home. This includes the develop, in partnership with others, of a virtual ward model, improved respite support in the home and ongoing development of care home support. It will also include operating services from our newly purchased second site.
- People should be supported to receive palliative and end of life care where they choose. This will more often be at home or their place of usual residence. Virtual wards offer the equivalent of a hospital bed either at home/care home or in the care of a hospice. As well as meeting a person's wishes it also avoids hospital admission and therefore reduces pressure on the NHS.
- Our community workforce is vital to the success of any community service offering and we will establish a specific approach to skills and knowledge acquisition for our community team. This will include advanced practice, non-medical prescribing and specific development of community HCAs and nurse associates.
- Embracing technological approaches is essential to a modern community service and so access to electronic prescribing, shared records and the clinical web portal will be supported and enabled as far as possible. We will also develop app technology to give our patients and families quicker access to our services and useful information.
- There will be a number of new roles we will be seeking to introduce into community teams in order to improve skills and knowledge and provide a better service e.g., specialist nurses for frailty and learning disabilities.

### In patient unit

- We will continue to support our IPU staff to deliver excellent care to people with significant symptom control needs; people whose preferred place of death is at Compton and people whose families need respite.
- Specific developments include delivering the IPU room enhancements so that patients are cared for in modern, therapeutic and peaceful spaces and a revision to our admission protocols so that there is better clarity and easier access for our referring partners.
- There will be a focus on our clinical volunteer development on IPU and also bringing other Compton services onto the ward ensuring the holistic care of people and their families e.g., complementary therapy.

- We will develop clear approaches for supporting those with dementia, especially regarding staff knowledge and the environment. We will do the same for people with learning disabilities.

### **Counselling and Supportive Care**

- We will seek to develop and grow a wide range of patient and family-centred services that best meet the needs of our communities. This includes bereavement support, family support, spiritual care and chaplaincy.
- There will be an expansion and further development of our bereavement services to enable personalised support for loved ones and their families before and after death. this will include an immediate post death package of supports.
- Our chaplaincy service will be reviewed and aligned with expectations of a modern, multi-cultural approach to spiritual care.
- We will explore options for Psychology support for our counsellors and MDT to enable the most complex of patient/family situations to be managed effectively.
- For all of our Patient and family support services we will develop clear service descriptors, clear delivery models and robust measures of success/outcome.

### **Living Well**

- We will continue to develop a wide range of activities and approaches to helping people live their best life with an end of life condition. Our intention being to deliver personalised services that demonstrate our commitment to our communities.
- Services will be located in the community where possible and will aim to support people with disease specific issues or symptom specific challenges.
- Focused on therapeutic intervention we will continue to develop more purpose led programmes of care and support and wherever possible embrace technology and flexible approaches to service delivery.
- Specifically, we must increase our reach and the number of people we support via these services.
- We will develop specific roles e.g., palliative complementary therapists to support our work and to establish us as leaders in palliative care.

### **Outpatients**

- We intend to develop a range of multi-disciplinary outpatient clinics that are specifically medical or advanced practitioner led and will provide triage and escalation to other services where appropriate.

- In its infancy currently we need to undertake a needs assessment before we embark on setting up clinics, either virtually or in person, but its likely that we will approach GPs and the hospital to discuss joint clinics and /or establish clinics at Compton specifically to review medications/symptom control.

### **Lymphoedema**

- We will be undertaking a comprehensive review of our current service with commissioners in 2023/24 as the contract is due to be renewed.
- We will continue to maintain a service at Compton for patients with palliative care needs regardless of the outcome of any discussion with commissioners.
- Where possible we will be taking this service out to community locations to improve access and to reduce the stigma of otherwise “well” people attending a hospice building for treatment.

### **Community engagement**

- We will develop a community engagement approach that is focused on the needs of our communities (including Staffordshire).
- This service will specifically lead on Equality diversity and inclusion (EDI) across our services and will also develop supporting mechanisms for patients and families struggling with hardship.
- We will produce a baseline EDI report for our community and identify specific areas of targeted support.
- We will also develop a library of resources for patients and families and grow a volunteer team to support this work.
- Finally, we will develop a network across statutory and voluntary partners including education to maintain a relentless and focused approach.
- In addition, we will be considering our approach to transition services of young adults to adult services.

## **7.0 Implementation**

### **Underpinning common elements**

In order to deliver this strategy, there are a number of key underpinning elements that will need to be supported and delivered:

- A clear and systematic approach to public and patient engagement and feedback
- A standard patient and family information multimedia toolkit
- Digital visibility and development

- Comprehensive access to workforce development both in terms of skills and knowledge but also role development
- Growth of volunteer roles
- Clear outcome measures for all services
- Continuing clinical and non-clinical supervision

A continuous approach to promotion and marketing of services.

## **8.0 Conclusion**

This strategy is designed to give us a direction of travel across our clinical services for the next three years.

For each service, there will be an annual work plan that will be reported quarterly and key success measures will be continuously monitored.

In addition, this strategy will be shared with commissioners to inform future funding arrangements and with our own income generation teams to aid conversations with potential donors.

## **9.0 Authors**

Rachel Overfield - CEO & Director of Nursing

Fran Hakkak - Medical Director

Rebecca Brown - Director of Clinical Governance, Compliance & Informatics

Jenny Warren - Associate Director of Nursing

Louise Gilhooley - Consultant

Tricia Evans - Head of Advance Practice and Practice Development