



2025-26 CQ&G & Education Extract from Management Plan

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Our Strategic Priorities and Objectives

Our work is centred around the needs of patients and those important to them. We are committed to building on our achievements and strong reputation for providing exceptional care to those in our community who need our support.

We have outlined four key strategic priorities that together will expand access to support and care for our patients and those important to them, while also ensuring our long-term sustainability. These priorities reflect our commitment to securing essential funding, strengthening community support, and promoting the wellbeing of our dedicated staff and volunteers, whose resilience and compassion are vital to everything that we deliver.

The four key strategic priorities are

1. *Our Care: Maximizing Our Impact and Quality*
2. *Our People: Empowering Our Staff and Volunteers to Excel*
3. *Our Community: Championing our Vital Role*
4. *Our Funding: Securing a Sustainable Future*

The pursuit and delivery of our priorities is enabled by the objectives that each department sets out each year in the Management Plan. This document provides details of those priority objective and provides opportunity to map their progress over the year. As such, this management plan is a living document and should be updated as and when progress toward the objectives changes.

Objectives are set out to support the work and drive of each department and their update should feed into the governance committees that in turn report into and provide assurance to the Hospice's Board of Trustees.

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3. Clinical Quality & Governance

	<i>Strategic Pillar(s)</i>	<i>Area of Development</i>	<i>What will we do?</i>	<i>How will we know?</i>	<i>Lead(s)</i>	<i>Target Date</i>	<i>KLOE</i>	<i>RAG</i>	<i>Notes</i>
3.1	Our Care	Clinical Audit/Quality Improvement & Research	<ul style="list-style-type: none"> Produce and maintain an audit/monitoring/research project schedule 2024/25 	<ul style="list-style-type: none"> CQ & G Minutes Audit report library Audit progress/results summary report <u>Clinical Audit Program & Timeline</u> 	AR/G TR	Jun 2025	Well-led Effective Safe Caring Responsive		<ul style="list-style-type: none"> 2025-26
3.2	Our Care Our People Our Community	Outpatients	Launch and embed an Outpatient Clinic for community patients at the main Hospice	Operational clinics	TC	Mar 2026	Well-led Effective Safe Caring Responsive		KPI : 2 clinics per month; 20 patients seen by Dec 2025 ; 80% attendance based on offer (excl. DNA due to AKPS/PoI)
3.3	Our Care Our Community	Strategic relationships with HC partners / neighbouring Hospices	<p>Schedule quarterly engagement meetings (ie. Merton Huddle, EoLC steering groups, consider Sutton Huddle)</p> <p>Share impact data (e.g. reduced admissions, preferred PoD, referrals)</p> <p>Participate in working groups on system transformation</p>	Engagement meetings / impact data and participation feedback	TC	Mar 2026	Well-led Effective Safe Caring Responsive		KPI : One joint initiative underway by year end (i.e. Sutton Huddle)

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	Strategic Pillar(s)	Area of Development	What will we do?	How will we know?	Lead(s)	Target Date	KLOE	RAG	Notes
3.4	Our Care Our Community	Increase our understanding of the needs of informal carers	Gather baseline data on the needs of informal carers	<ul style="list-style-type: none"> • Reviewing triage calls, carer requests, and key documentation to identify common themes and unmet needs. • Engage with staff to gather qualitative insights on carer support challenges and gaps. • Collate existing feedback and any complaints or compliments relating to carer support. 	TC	Mar 2026	Well-led Effective Safe Caring Responsive		KPI : Needs analysis completed and themes summarised
3.5	Our Care Our Community	Equity of Access for Hard to Reach Groups	<p>Ensure equitable access to hospice services for underrepresented or vulnerable populations.</p> <p>Improve staff awareness and competence in delivering inclusive, person-centred care through reflection and complex M+M</p> <p>Strengthen collaboration with healthcare partners who support marginalised groups.</p>	<p>Collect and report on referrals involving:</p> <ul style="list-style-type: none"> ▪ People with learning disabilities ▪ Prison population ▪ Homeless individuals ▪ Young adults transitioning from children’s services. ▪ BAME ▪ Travelling Community <p>Identify a Learning Disability Champion within the team</p> <p>Attendance to LeDeR meetings to contribute to learning and service improvement.</p> <p>Staff education i.e. Oliver Mc Gowan /MCA mandatory training external study opportunities</p> <p>Develop and maintain professional relationships with key healthcare and community partners supporting these groups.</p> <p>Have useful resources available for staff</p>	TC	Mar 2026	Well-led Effective Safe Caring Responsive		<p>KPIs : Ongoing monitoring of referral data by demographic category (quarterly).</p> <ul style="list-style-type: none"> • Appointment of Learning Disability Champion • Staff attendance at least one LeDeR meeting per quarter. • 100% compliance with Oliver McGowan and MCA training within 12 months. • At least one collaborative initiative or meeting twice a year with external partners focused on inclusion i.e. prison MDT / Transition of Young People • Staff awareness and confidence in supporting hard-to-reach groups

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3.6	Our Care Our Community	Psychological Support Service Medical Team Education	Maintain provision of Bereavement Support Work to High down Prison as well as specialist palliative care psychotherapy to residents end of life.	Grant from the Linden Foundation secured March 2024. Project went live May 2024. Specialist psychotherapist already recruited. Project evaluation to funder will allow all targets to be evaluated and hopefully met.	NC/ DM / RT / DB / Education	Mar 2026	Caring Responsive		<ul style="list-style-type: none"> • Psychotherapist introduced to prison staff 25.04.24. • Sessions started with clients 3.5.24. Currently delivery on hold but training in progress. • Education delivered
3.7	Our Care	Infection Control	Maintain a robust approach to Infection Control across clinical and non-clinical services <ul style="list-style-type: none"> • IPC link healthcare professionals supported to continue leading on audits • Maintenance of close working between Facilities, Housekeeping and clinical services 	<ul style="list-style-type: none"> • Infection rates remain low across clinical areas and the organisation at large • Staff feel confident and competent in managing infection prevention and control in line with mandatory training information and Infection control policies • Relevant audits are undertaken in a timely manner and reflect best practice 	SM/RT	Mar 2026	Safe		<ul style="list-style-type: none"> • Annual report to be published in Jan/Feb 2026
3.8	Our Care Our People	Psychological Support Services	Maintain student bereavement counsellor placements at 8	Continuation of reduced need for counselling by PS Lead. Shorter waiting list	RT/PSS Team	Mar 2026	Well-led Effective Responsive		<ul style="list-style-type: none"> • Student numbers currently at 8. Prospective applicants for the next academic year intake already lined up. • Waiting times to remain at less than 2 – 4 weeks.

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3.9	Our Care Our People Our Community	IPU staffing	Maintain an establishment that services the safe delivery of care for a 10 bed IPU and explore extending establishment to service CHC funded beds	<ul style="list-style-type: none"> Remain within the staffing budget Predominantly working to a 10-bed availability Explore viability of CHC funded bed provision 	RT	Mar 2026	Well-led Effective Safe Responsive		<ul style="list-style-type: none"> Reduction of bank and agency use
3.10	Our Care Our Funding	Clinical Activity Data	<ul style="list-style-type: none"> Create training video to provide business continuity guidance for activity data extraction from EMIS Refine and adjust the activity dataset to best portray aspects of Hospice activity following CAAD review meetings 	<ul style="list-style-type: none"> Circulation of activity CAAD Minutes 	AR	Mar 2026	Well-led Effective Responsive		<ul style="list-style-type: none"> Video to be produced once reports production is stabilised Data extraction supports data integrity process On-going

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3.11	Our Care Our People	IPU Admissions : Skillset and cover for the nursing team on the IPU	<ul style="list-style-type: none"> • Staff ratio analysis • Working hours / shift patterns analysis • Sustain provision of a 10 bed IPU including the family suite appropriately staffed • A more responsive and active IPU 	<ul style="list-style-type: none"> • Revised working patterns • No increase in incidents • Staff absence rate • Datix data demonstrates no increase in incidents/accidents that can be related to inadequate staffing numbers • Admissions/ Occupancy – IPU data dashboard 	RT / FQ	Mar-2026	Well-led Effective Safe Responsive		<ul style="list-style-type: none"> • Twice daily admissions meetings • IPU acuity score utilised to help triage admission capacity
3.12	Our People	IPU senior team development	<ul style="list-style-type: none"> • Developing and supporting band 6s to lead the ward for succession planning • All band 6s to allocated specific roles and responsibilities to support running of the ward • Discussing in-house management course for band 6s with no previous training. 	<ul style="list-style-type: none"> • Band 6 nurses leading on specific areas of development and utilizing management skills effectively. • Band 6s to lead the ward in the absence of IPU clinical lead ensuring safe working of the ward and completion of management tasks 	FQ/RT	Mar-2026	Well-led Effective Safe		

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3.13	Our People Our Community	Compassionate Neighbour Service	<ul style="list-style-type: none"> • Volunteer Training • Volunteer Office Drop-Ins • Increase number of CN Volunteers to support increase in service delivery 	<ul style="list-style-type: none"> • Attendance at courses • Attendance at Office Drop-Ins • Increase in CN volunteers • Response time to referrals • Review at Volunteer Strategy Meetings • Engaging with other organisations to encourage recruitment of CN volunteers such as Spire. 	SO	Mar-2026	Effective Well-led Safe Caring Responsive		<ul style="list-style-type: none"> • Aim to increase number of Volunteer Compassionate Neighbours trained to support patient and community member referrals. Working with Comms Team and social media volunteer on adverts with free volunteer websites and community apps. • Seeking further funding for extension of service to evenings and weekends. (David Morris)
3.14	Our Care Our People	Clinical Risk Management	<ul style="list-style-type: none"> • Create an annual incident review report that extracts learning and staff/service development 	<ul style="list-style-type: none"> • Incident Annual Report 	AR	Mar-2026	Well-led Effective Safe Caring Responsive		

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3.15	Our Care Our People	IPU risk assessments and processes kept up to date and in line with local and national guidance	<ul style="list-style-type: none"> • Ensure all the team, especially the senior team, on the IPU are aware of changes in guidance by attending training and free educational sessions such as those offered by OSKA. • Training and then implement PURPOSE T tool into the risk assessment on the IPU 	<ul style="list-style-type: none"> • PURPOSE T being used by the IPU team as part of the risk assessment process • All risk assessments routinely reviewed and updated inline with any new guidance. • All staff engage with and attend training sessions 	FQ	Mar 2026	Effective Well-led Safe Caring Responsive		
3.16	Our Care Our People Our Community	Outpatients	Expand the Outpatient Clinic for community patients at the main Hospice	<ul style="list-style-type: none"> • Evaluate Year 1 • Consider adding new sites (e.g., community hubs, GP's). • Launch specialist clinics (e.g., breathlessness, Non-malignant ie HF ACP). 	TC	Mar 2027	Well-led Effective Safe Caring Responsive		KPI : Weekly clinics across 2+ sites. 50+ patients seen every 12 months.

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3.17	Our Care Our Community	CSNAT on IPU	<ul style="list-style-type: none"> CSNAT link nurse/NA/HCA will be identified to take ownership over project Nurses to have training in CSNAT CSNAT to be given to all carers on the IPU CSNAT to be used as a tool in the discharge process 	<ul style="list-style-type: none"> CSNAT offered to all carers CSNAT being routinely used as part of discharge process Increase in satisfaction during discharge process as evidenced in IPU satisfaction surveys. 	FQ/MF/KC/ Band 6 RGNs	Mar 2027	Effective Well-led Safe Caring Responsive		
3.18	Our Care Our Community	CSNAT implementation	Identify a CSNAT Champion in the team. Provide training to all community staff. Review / develop SOPs for use at initial contact and review stages. Provide CSNAT in formats (paper and digital) to improve accessibility .	<ul style="list-style-type: none"> CSNAT champion CSNAT training delivered CSNAT SOPs in place as required CSNAT documentation in place 	TC	Mar 2027	Well-led Effective Safe Caring Responsive		KPI : Needs analysis completed and themes summarised within first 6 months. CSNAT Champion / role identified by month 10. 100% of relevant staff trained for CSNAT rollout. 80% of completed CSNATs result in documented actions or signposting. Minimum of 10 carer feedback responses collected to evaluate the impact of CSNAT
3.19	Our Care Our Community	Community based care models	Explore volunteer-led sitting or domiciliary services.	<ul style="list-style-type: none"> Model developed 	TC	Mar 2027	Well-led Effective Safe Caring Responsive		KPI : Launch of community-based care pilot with external funding / volunteers .

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4. Education & Training

	Strategic Pillar(s)	Area of Development	What will we do?	How will we know?	Lead(s)	Target Date	KLOE	RAG	Notes
4.1	Our Care Our People	Education and training - external	Engagement with external stakeholders to support unmet needs in EoLC training	<ul style="list-style-type: none"> • Offer a new portfolio of a minimum of 6 clinical education sessions for nursing home staff • Provision of communication skills training ranging from foundation to advanced level workshops for generalist to specialist internal and external staff • Provision Non-medical Prescriber updates for internal and external staff • Development of an education database to contact potential attendees, monitor engagement and grow awareness • Increase overall engagement in education sessions open to external candidates by 10% 	MF/KC	Mar 2026	Well led Effective Safe Responsive Caring		<p>VOED, CSCI, Sensitive Conversations/ACP</p> <p>ACST – 2 workshops per year; attendance 5-10 per workshop</p> <p>ACST refresher – annually; attendance 5-10</p> <p>2 sessions per year; achieve a minimum of 3 external attendees per session</p>

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4.2	Our Community	Community engagement	<ul style="list-style-type: none"> Develop education which supports our community and their understanding of hospice care 	<ul style="list-style-type: none"> Extending our reach to the Prison Service through provision of EOLC awareness sessions and resources Development of new Careers Workshop for students with an interest in pursuing future healthcare roles 	MF/KC GTR	Mar 2026	Well led Effective Responsive Caring		<p>Prisons – one session provided (19 prison staff attended); second session planned</p> <p>Planned for July 2025. Potential to repeat if well attended</p>
4.3	Our People Our Community	Community engagement	<ul style="list-style-type: none"> To design and run a training event (s) encouraging band 5/6 nurses into specialist roles 	<ul style="list-style-type: none"> Deliver staff development training for nursing staff interested in career progression/ career in pall care 	NC/FQ	Jul 2026	Well led Effective		