



# Growing Together: The Future of Saint Francis Hospice

## 5 Year Strategy 2025-30

A Strategy for  
Growth, Scale  
and Impact

Inspected and rated

Outstanding 



# A message from our CEO and Chair

**At Saint Francis Hospice, we are dedicated to providing expert, compassionate palliative and end-of-life care to those who need us. Rated Outstanding by the Care Quality Commission again in 2025, we have been a trusted part of our community for over 40 years, supporting people of all backgrounds across Barking & Dagenham, Brentwood, Havering, Redbridge, and parts of West Essex.**

As one of the largest adult hospices in the UK, we will soon be serving nearly a million people, ensuring that everyone in our care receives the highest quality care and support, wherever they call home. Our expertise extends across three NHS Integrated Care Systems; North East London, Mid & South Essex, and West Essex. The North East London Integrated Care Board remains our biggest NHS funder with the Hospice providing palliative and end-of-life care to over 791,000 people in this area. With just 31% of our funds coming from the NHS, we need to raise the rest through charitable giving and retail. These income sources will remain vitally important over the next five years.

Our new five-year strategy is built on bold ambition: to reach more people, strengthen our partnerships, invest in our exceptional team, and create a sustainable future for our Hospice. We are committed to delivering person-centred care with equity of access at the forefront, using our resources efficiently, and working in collaboration to improve the experience of those at the end of life - and the loved ones who stand beside them.

We are grateful to all of our partners and supporters, who have helped fuel our work. We hope you continue to stand by us and with us. By growing together, we can make a lasting impact.

*Grazina Berry CEO, and Mary Edwards, Chair.*



## Executive Summary

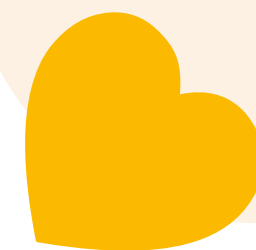
Our hospice's new five-year strategy is focused on growth, scale, and impact, ensuring we meet the rising demand for person-centred end-of-life and palliative care. We aim to develop and expand our services, making them more accessible to individuals and their loved ones across all communities that we serve.

Collaboration is key to delivering more joined-up care, so we will strengthen partnerships and work more closely with others. Raising our profile will also be vital, helping to promote the right for everyone to age and die well, in a place of their choice.

To achieve this, we will foster a growth mindset across our workforce, empowering staff and volunteers to think creatively and use resources efficiently and effectively. We will also focus on increasing income across all funding streams, demonstrating the value we bring to the wider healthcare system.

Finally, we will transform the way we work through technology, data, and streamlined processes, all underpinned by compassionate, collaborative, and empowering leadership.

# How we developed our plans



**Our new five-year strategy is a result of a whole team effort, steered by the Board of Trustees and led by the Strategy Working Group, representative of all areas of the Hospice and at all levels. Using the Theory of Change framework, smaller 'Task and Finish' groups worked relentlessly to analyse data, understand our impact now, and where the gaps are in specific areas, so they could propose ways to address them over the next five years.**

Co-creation of this new strategy is something we can be proud of. To gather meaningful data and engage with as many of our stakeholders as possible, we:

- ♥ *Analysed plans of our NHS partners and national bodies, to ensure our direction is aligned where relevant and possible;*
- ♥ *Organised strategic stakeholder events inviting our funders, partners, MPs, neighbouring hospices, supporters and local community groups, including faith, to speak with us and share their ideas on what we could do more or less of, what we could improve or do differently;*
- ♥ *Talked to the carers and loved ones of individuals in our care to explore their experiences and reflections, adding to our rich data on people's experience of our care through the iWantGreatCare feedback system;*
- ♥ *Discussed opportunities for change and growth with our staff and volunteers, adding to our understanding of their feedback, aspirations and wishes through a comprehensive survey made available across the Hospice, including our retail stores;*

♥ *Developed and ran surveys with the wider public, healthcare partners and had conversations with a variety of faith groups active across our geography to enable us to focus on the right priorities, with the individual in need of care - always at the heart.*

A bright thread running through everyone's feedback has been how valued and respected the Hospice has been through its 40 years of work, caring for many thousands of individuals and their loved ones before, during and after death.



*“Overall, the Hospice does such a fantastic job in difficult circumstances so thank you.”*

# Clear themes emerged urging us to focus on

Scaling our Hospice at Home and community services, provided by increasingly more diverse and culturally informed teams representative of the communities served

Persuading our NHS funders through tangible evidence of our value and impact to increase their funding for the long-term

Developing our services so they become more dementia and frailty inclusive, as well as accessible to our increasingly diverse communities

Playing a proactive role across our communities in shaping excellent end-of-life care provision, working collaboratively and making our work and impact more visible

Expanding access to our care so no-one is left out

Nimbler organisation, digitally and data savvy, where people continue to want to work, volunteer and build a career



“Support people to have safe, dignified and appropriate treatment that meets their needs, whether in their own homes or in other healthcare settings. Support families to manage dealing with end-of-life planning, empowering positive decisions and, where they have capacity, ensuring individuals are at the heart of all decisions.”

# How is demand for palliative and end-of-life care changing?

## The key external drivers underpinning our strategy are:

### 1 Life expectancy trends and population predictions

In England, men born in 2022 are expected to live 70 years and 6 months, and women 83 years. However, there are indicators that people are now living for longer in poorer health, and this is increasing. The number of years lived in poor health increased from about 8 and a half years to 10 years between 2000 and 2019. Additionally, more people are living with long term health problems for a longer part of their life. In North East London, how long people can expect to be in good health when they are born varies significantly, depending on where they live. For women it ranges

from just under 57 years in Newham, to almost 70 years in Waltham Forest. For men, it is about 58 years in Barking and Dagenham, and just over 64 years in Havering.

North East London’s population is also growing quickly, and the number of older people is increasing even faster. The number of people over 65 is expected to grow by over 60% by 2040, and the number of people over 85 is predicted to more than double (a 103% increase) in the same time frame.

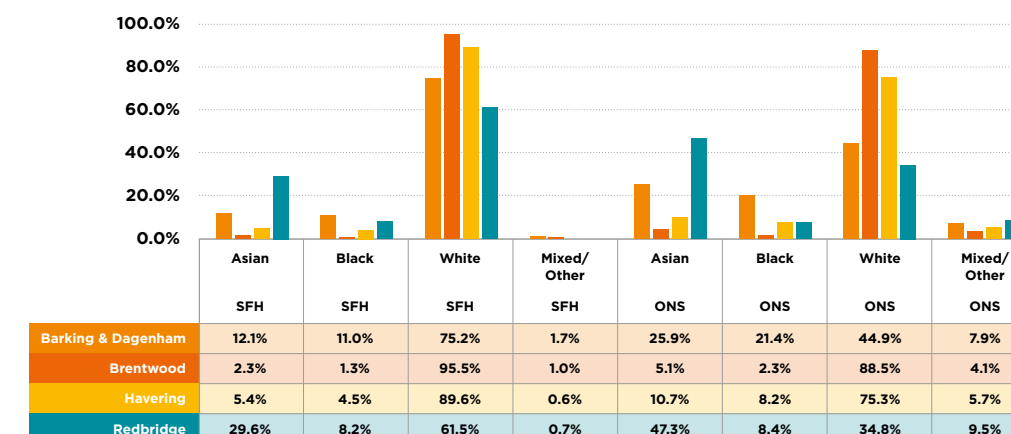
### Population Predictions

BOROUGH	2024	2030	Increase	%
Redbridge	310,300	362,000	51,700	16%
Barking and Dagenham	218,900	250,000	31,100	14%
Havering	262,000	287,369	25,369	9%
Brentwood	77,000	86,849	9,849	12%
<b>TOTAL</b>	<b>868,200</b>	<b>986,218</b>	<b>118,018</b>	<b>13%</b>

Our fastest growing boroughs, Redbridge and Barking & Dagenham, are also the most ethnically diverse. The chart below shows the difference between the ethnicity of the local population and the ethnicity of the people we care for. There is

a clear gap showing that the people we care for are not reflective of the people living in those communities, highlighting the need for place-based approaches to better deliver our services to underserved areas.

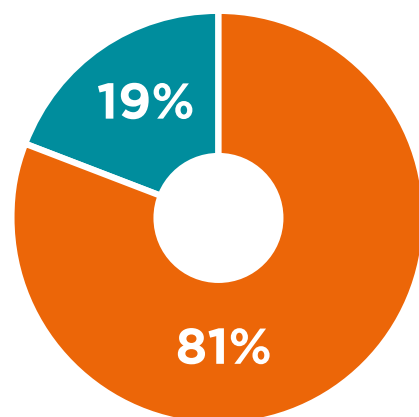
### Ethnicity per Place - Office for National Statistics (ONS) vs. SFH





## 2 People's preferences at the end-of-life

According to national data, 89% of people would rather die at home or in a hospice. However, 15% of all emergency hospital admissions in England involve the 1% of people in their last year of life. This means that in our local area, people often don't get to die where they want, frequently ending up in hospitals. At Saint Francis Hospice, we've made a strong effort to make sure everyone we look after can die in the place they prefer.



### Preferred Place of Death (PPD) 2024/25

Value

- PPD Met
- PPD Unmet

## 3 The national policy context

Significant changes are underway in national policy and are impacting palliative and end-of-life care, evidenced by the Terminally Ill Adults (End-of-Life) Bill's progress through Parliament in 2024. This bill has sparked considerable debate and has drawn attention to ensuring individuals receive high-quality care during their final stages of life. The discussions emphasise making end-of-life

decisions from a place of support, rather than fear of suffering. Furthermore, there have been announcements of increased funding for hospice services. While these developments are underway, Saint Francis Hospice maintains a neutral stance on assisted dying, actively participating in broader sector discussions.

The National Palliative and End-of-Life Care Partnership, May 2021 published *Ambitions for Palliative and End-of-Life Care: A national framework for local action 2021-2026*, which remains current today, helpfully reinforces the universality of death and dying and the need for a community led and whole system response:

“

*“Death and dying are inevitable. Palliative and end-of-life care must be a priority. The quality and accessibility of this care will affect all of us and it must be made consistently better for all of us. The needs of people of all ages who are living with dying, death and bereavement, their families, carers and communities must be addressed, taking into account their priorities, preference and wishes”*

*“End-of-life care is care that affects us all, at all ages, the living, the dying and the bereaved. It is not a response to a particular illness or condition. It is not the parochial concern of a particular group or section of society.”*



# Who we are and what we stand for

**Saint Francis Hospice is an expert provider of outstanding palliative and end-of-life care, for over 40 years serving a population of nearly 1 million, spread across Barking and Dagenham, Brentwood, Havering, Redbridge, and parts of West Essex.**

## Our Vision

is the best care for all at the end of life.

## Our Mission

is to ensure that everyone in our community has access to excellent palliative and end-of-life care before, during and after death.

All our work over the next five years will be guided by

## Our Values

- ♥ **Compassionate** – we are a caring team, kind to each other and put the needs of individuals and their loved ones at the heart of what we do.
- ♥ **Collaborative** – we value working in partnership across our communities and are proactive about nurturing relationships with our stakeholders.
- ♥ **Creative** – we are forward-thinking, adaptable in our changing world and embrace change and innovative ways of working.

# Key principles underpinning our work



# What we need to achieve and why

## Goal 1 Scale

**We will develop and scale our Hospice's services, expanding reach and addressing equity of access challenges that our communities face.**

### Key challenges and areas of need to be addressed.

- ♥ Our catchment faces a 13% increase in population (118,000) by 2030, with the biggest increase in Redbridge (16%) and Barking and Dagenham (14%)
- ♥ We are currently only reaching 31% of the people who die in our catchment (2024/25)
- ♥ High percentages of people are referred to us late into their illness, calling for earlier identification and more integrated referral pathways.

### Objectives to deliver Goal 1

- Objective 1** - Promote and help develop 'place' based approaches within all care teams and working with system partners, so that our services are better integrated and tailored to community needs.
- Objective 2** - Collaborate with all partners to increase timely referrals and to provide individuals with equity of access to SFH care services.
- Objective 3** - Develop new and our existing care models and service offers to increase 'place' based community care, leading with vision and inspiration.
- Objective 4** - Ensure quality management and research underpins excellent care and strengthens professional practice and innovation, so Saint Francis Hospice can become a leading provider of palliative and end-of-life-care.
- Objective 5** - Provide education programmes to develop our people and external partners to deliver services to underserved communities.

### Our key measures of success

- ♥ 3,200 people receiving our care
- ♥ An increase in referrals from Barking & Dagenham to 25% (from 17%)
- ♥ An increase in referrals from Redbridge to 14% (from 8%)
- ♥ Maintain referrals from Havering at c40% and from Brentwood at c20%
- ♥ An increase in hospital admission avoidance (will correlate with an increase in referrals) (currently 2,756) to 4,000
- ♥ Ethnicity reach increase in target places, 40% in B&D (from 25%), 50% in Redbridge (from 35%)
- ♥ An increase in preferred place of death (PPD) across NEL at 85% ; In B&D – 80% (from 73%)
- ♥ Maintain our OUTSTANDING CQC rating



# What we need to achieve and why

## Goal 2 Collaborate

We will collaborate with partners and stakeholders across the communities we serve for greater impact.

### Key challenges and areas of need to be addressed.

- Due to scarce resources, we need to work more proactively in partnership with care providers and other community organisations.
- We recognise that we need to work more closely with GPs, District Nurses and Care Homes to increase referrals in under-served places.
- Our care and support offering is not as clear or accessible in Barking & Dagenham and Redbridge as in our other catchment areas.

### Objectives to deliver Goal 2

**Objective 1** - Increase community engagement in all places with a focus on underserved communities to better meet people's needs, before, during and after death and at a place of their choosing.

**Objective 2** - Raise SFH profile, influence and visibility to lead in excellence in palliative and end-of-life care in local, regional and national forums, in collaboration with others.

**Objective 3** - Evaluate existing relationships and identify and pursue new strategic and operational partnership opportunities where these add real value, to address challenges in areas of unmet need and become more efficient, effective and approachable.

**Objective 4** - Foster a collaborative, one-team approach across the whole organisation with a commitment to working together as 'One SFH' to better support our communities, now and in the future.

**Objective 5** - Improve the stakeholder management process and the ways we record and manage work in this area and interactions through the CRM system.

### Our key measures of success

- Growth in Brand Reach in all our places, with a special focus on Barking & Dagenham and Redbridge:
  - Overall growth in number of supporters by 89%, to 28,000 (20% growth per annum)
- Growth in engagement and collaboration with our Healthcare Partners / Referrers (Care Homes, GP surgeries, District Nurses, Hospitals):
  - 100% GPs engaged (from 53% across full catchment); from 70% in B&D and 17% in Redbridge

# What we need to achieve and why

## Goal 3 Invest

We will invest in our people so that we can become the employer and volunteer-engager of choice in palliative and end-of-life care.

### Key challenges and areas of need to be addressed.

- We recognise that we need to improve our communication with our staff and volunteers across the organisation to engage with them more effectively.
- We need to invest in our workforce and to attract and retain talented individuals to meet the growing needs of all our communities.
- Our workforce is not as reflective of the diverse communities we serve as it should be, and to drive our ambitions we need to be more inclusive.

### Objectives to deliver Goal 3

**Objective 1** - Develop an engagement and internal communications strategy that reaches all employees and volunteers.

**Objective 2** - Review our workforce approach to Equality, Diversity & Inclusion (EDI) and strengthen our commitment and the action we take to fully represent the communities we serve.

**Objective 3** - Transform the way we think and work to enable the delivery of our strategy.

**Objective 4** - Develop a talent management approach to attract employees and volunteers to the Hospice.

**Objective 5** - Develop clear workforce plans to help achieve the Hospice vision, and design development programmes to enable employee and volunteer excellence and progression.

### Our key measures of success

- Staff and volunteer recruitment targets: 1600 volunteers (from 680); 240 staff (full-time equivalent, from 210)
- Internal engagement and morale: 90% wellbeing and engagement rating (currently at 76%) and 85% workforce satisfied with processes and systems (from 72%)
- Mandatory training Key Performance Indicators (KPIs) at a minimum of 95% and above (currently at 98%)

# What we need to achieve and why

## Goal 4 Create

We will create a sustainable organisation for the future.

### Key challenges and areas of need to be addressed.

- ♥ The technology and the systems that we use are not integrated and working as well as they should, and our processes need to become more efficient.
- ♥ Steeply rising costs and an increase in demand for our services means we need to explore additional income sources and secure sustainable future funding from the NHS to meet this need.
- ♥ Our hospice's location is hard to travel to, and there is an increasing need to care for people in the community, especially those who have faced multiple disadvantages and have been underserved.

### Objectives to deliver Goal 4

**Objective 1** - Strengthen and expand our statutory funding partnerships to secure long-term financial sustainability and enhance our hospice's ability to deliver vital care.

**Objective 2** - Diversify our voluntary income by developing innovative, joined up and data-driven retail and fundraising strategies, fostering community engagement, and creating sustainable revenue streams for long-term financial resilience.

**Objective 3** - Create a growth focused digital strategy that transforms our digital infrastructure, streamlines data management, and optimises processes to drive efficiency, improve decision-making, and empower our teams to work more effectively and collaboratively.

**Objective 4** - Create a sustainable green strategy for our environment to ensure our hospice sites and workforce operate in an environmentally responsible way, reducing our carbon footprint, enhancing energy efficiency, and promoting sustainable practices for future resilience.

**Objective 5** - Develop a resilient and adaptable operating model that ensures long-term sustainability to secure the future of the Hospice.

### Our key measures of success

- ♥ Voluntary income increasing from £9M pa in 2025 to £15.1M pa in 2030 - a £6M, 67% increase
- ♥ Increased retail scale and reach by expanding the store base by 70%, from 14 to 24 stores
- ♥ Expansion of our donor audience - 13,000 additional donors over the next 5 years from 14,750 to 28,000
- ♥ 25% increase in our average gift value, from £50.77 to £63.42

# What are the risks to delivering the strategy?

External funding environment remains difficult, with no increases to statutory income secured from commissioners despite evidence of new service pilot success and our impact

External operating environment for hospices becomes more complex if the 'Assisted Dying Bill' becomes Law

Income generation strategy fails or is slow to deliver the voluntary funds required

A lack of incentives for partners to work collaboratively with SFH

Workforce recruitment challenges remain in core areas, despite the implementation of a pay review and raised profile of SFH

Loss of key staff & volunteers, as well as reputation, if organisational transformation is not managed and led effectively



*“We provide exemplary holistic care reflecting the traditional model of hospice care. Opportunities lie in how we maintain our high standards but reach out to more. This may require some radical rethinking about our model of care delivery.”*



# How we will monitor our progress

**Our governance structure is all about making sure everyone knows who is responsible for implementing our new five-year strategy and how we will keep things running smoothly. With clear roles and accountability, we will stay on track to achieve our mission while ensuring everything we do is ethical, efficient, and impactful.**

# Thank you, let's grow together

**As the demand for our expert, compassionate care and support grows, there is always more to do, and we cannot do it alone.**

We extend our heartfelt gratitude to our supporters and partners. Your generosity, collaboration, and dedication make it possible for us to deliver compassionate, expert care to those who need it most.

Together, we are making a lasting difference in the lives of individuals and people important to them across our communities.

*Thank you for making everything we do possible.*

## SAINT FRANCIS HOSPICE GOVERNANCE STRUCTURE



Our five-year strategy isn't just words on paper – it's a roadmap that we will bring to life through focused, annual Business Plans. Each year we will identify key priorities and projects needed to achieve each of our strategic goals and objectives, supported by clear KPIs and targets to keep us on track.

Every Business Plan will be backed by a solid financial plan and budget. The Finance & Digital Committee will give it a thorough review before it goes to the Board for final approval.

Our progress won't just sit in reports, we will actively track our KPIs through a Balanced Scorecard, reviewed regularly by our Executive and Senior Leadership Teams, relevant governance committees and the Board.

These annual Business Plans will guide our teams' efforts and shape personal objectives, which we will check in on through regular supervision and appraisals to make sure we're moving in the right direction.

We will also be sharing our strategy widely. You'll find it on our website, and we will make sure our key partners know about it too.

We know the world around us can change fast. That's why our Executive Leadership Team will stay alert to external developments and will recommend adjustments to our strategy and direction if needed.

Transparency matters and each year, we will report our progress in our Quality Accounts, Annual Report and SFH Impact Report – so everyone can see the difference we're making together.





# Saint Francis Hospice

Caring for you

Inspected and rated

Outstanding 



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