



# Cranford Hospice

Te Kahu Pairuri o Cranford  
ki Te Matau-a-Māui

**Strategic Direction**

**April 2024**



## Introduction from the Chair

Andrea Jopling

[TBC]

Andrea Jopling  
Chair, Cranford Hospice Board

*We began with a dream and an empty building.*

*A dream of helping our patients to live until they died; of helping those who cared for them to live until they died; of helping those who cared for them to find their hidden strengths, to feel that they were not alone, and to gather and hold close the memories that they would treasure in the years to come; a dream that one day, this kind of care would be part of normal life, wherever and whenever it was needed*

Extract from “Cranford Your Hospice, The First Twenty-Five Years”



*“You matter because you are you, and you matter till the end of your life. We will do whatever we can to not only help you die well, but also to help you live until you die.”*

Dame Cicely Saunders (Cranford Hospice Founder)

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## Introduction

Cranford Hospice is a registered independent charity providing specialist palliative care services enabling people to live every moment whether they are at home, an aged care facility or have come to us for a short stay in our inpatient facility.

Our vision is to help people make the most of living and dying within a compassionate community. We provide the best possible palliative care, education, support, and advice to the people of Hawke's Bay – from Mahia in the north, to Takapau in the south.



Our team provides a unique service to our community with Te Whare Tapa Wha embodied as an approach.

## Our history

The story of Cranford Hospice starts over 40 years ago in 1977 when Mr. Jack Mackie, the Director of Presbyterian Social Services Association, became committed to the goal of establishing a hospice for Hawke's Bay after reading "On Death and Dying" by Elisabeth Kübler-Ross.

Cranford Hospital was subsequently purchased from the Royston Trust Board and the community worked together to progress the establishment of Cranford. Local history indicates that the name 'Cranford' was chosen because of a competition run by the Royston Trust Board.

Little was understood about hospices and hospice care, and Mr. Mackie started by seeking and accepting invitations to all groups possible.

*"The response of the community has been without precedent, and the successive financial hurdles encountered have been overcome through the generosity and appreciation of the Hawke's Bay community... Cranford has become all that one could have wished for, and more. In fact, it is a dream come true."* Mr. Jack Mackie.



Cranford Hospice opened its doors on 8 August 1982 and was the fourth hospice to open in New Zealand. It was officially opened on 11 December 1982 by His Excellency Governor General Sir David Beattie, who agreed to become its Patron. Over the years Presbyterian Support generously guided the further development of the service throughout the bay.

Cranford Hospice opening ceremony: 11 December 1982 (Hastings District Council)

Some years later, on 1 July 2017, Presbyterian Support East Coast, the Cranford Hospice Foundation and Hawke’s Bay District Health Board paved the way for Cranford Hospice to step into independence. The hospice was gifted to the community and has since been an independent charity known as the Cranford Hospice Trust.

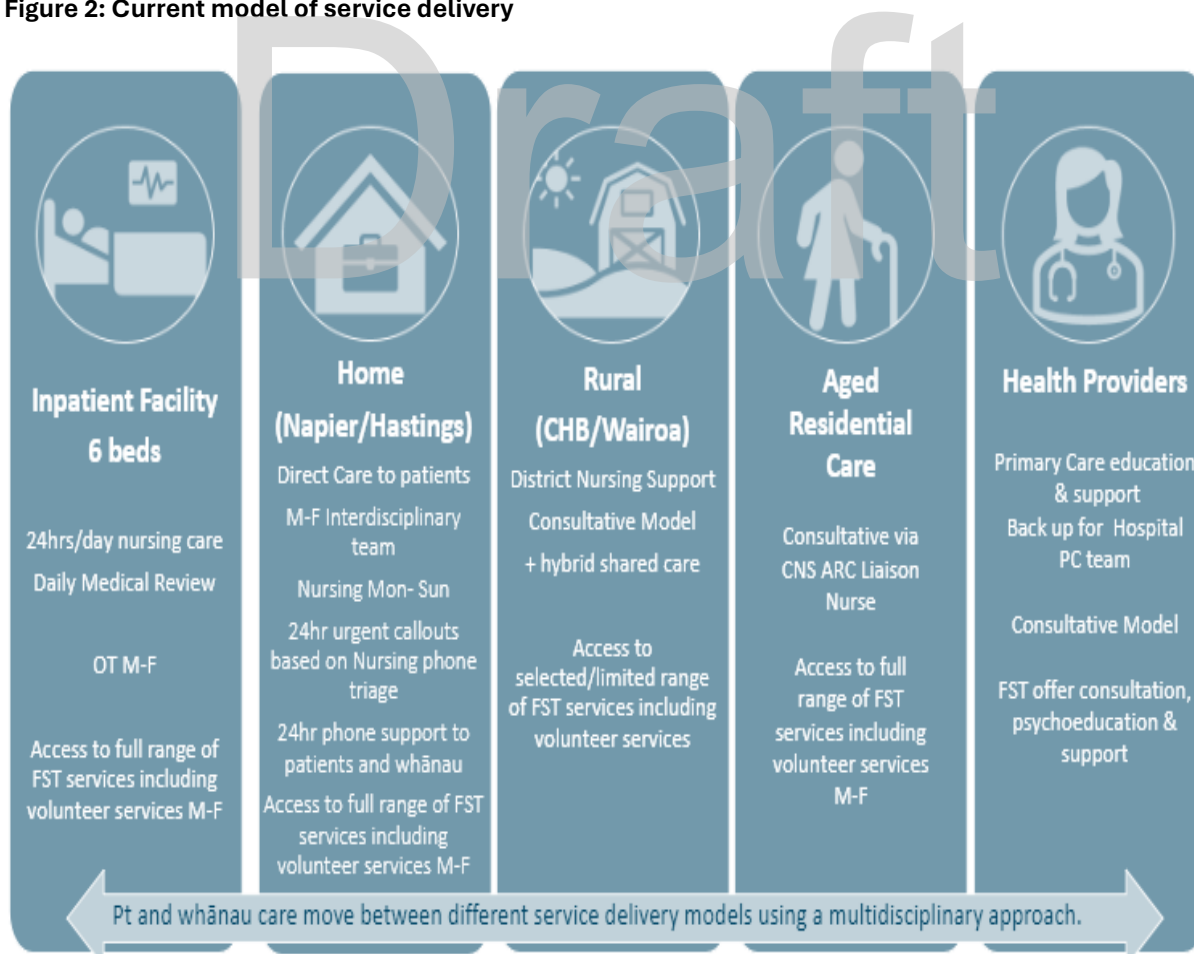
### Leadership and governance

Currently, the Cranford Hospice Trust Board is responsible for the governance of Cranford Hospice, and a separate entity, the Cranford Hospice Foundation provides and cares for the Hospice’s capital endowment trust. This second entity was established to ensure our services are available for future generations and is also responsible for leading the project to build our new hospice.

As our population grows and people continue to live longer, the demand for our services, both via the community and inpatient unit, will continue to grow. The Foundation’s key goal is to ensure that our hospice can continue to provide care and expand for the long-term benefit of people in Hawke’s Bay.

### Our current model of care delivery

Figure 2: Current model of service delivery



Most of the specialist palliative care provided by Cranford Hospice is delivered where the patient lives, with a small number of patients cared for in our inpatient unit (which

currently runs with six beds). We work with primary palliative care providers such as General Practitioners, Nurse Practitioners, district and practice nurses, hospital staff at Hawke's Bay Regional Hospital and aged residential care staff to reach as many people as possible.

**At home:** most people using hospice services prefer to stay at home and we do everything we can to support this. We have a community team of doctors, nurses, allied health, and family support who journey alongside patients and whānau to support them to “live every moment” at home until the end.

**Outpatient care:** Outpatient appointments are available to enable specialist medical follow-up and assessment in consultation with each patient's GP, thus supporting both the GP and the patient in need of care.

**Aged Residential Care:** Our dedicated teamwork in partnership with 29 ARC facilities in Hawke's Bay. We aim to provide clinical support and ongoing education to ARC care teams (medical, nursing and caregivers) consulting patients as and when required.

**Rural communities:** We work closely with health providers in Central Hawke's Bay and Wairoa providing advice and support for palliative care patients, and clinical support and ongoing education to care teams (medical, nursing, aged residential care staff, and caregivers).

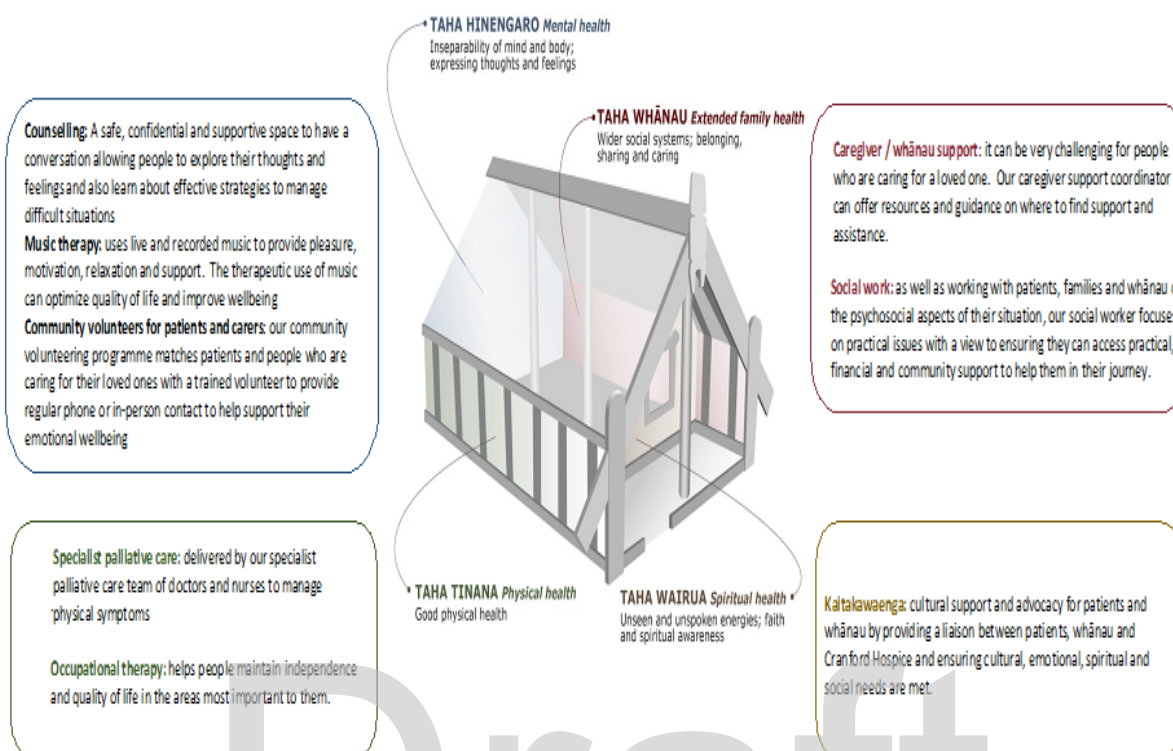
**Hospital:** We work alongside the Hawke's Bay Hospital Palliative Care Team to promote consistency of care between the hospital and the community. When staffing allows it, we also partner with the hospital's renal team to provide a Renal Supportive Care Clinic to enhance the palliative care received by end stage dialysis patients.

**Inpatient Unit:** Patients with complex physical and non-physical symptoms can be assessed and have their complex symptoms managed before returning home. The inpatient unit also cares for some patients in their last days of life.

**Support for families and whānau:** We recognise how stressful life can be when caring for a loved one. We provide support and advice to those closest to our patients to help prepare for the future. This support varies depending on need and can be anything from counselling and social work to OT or Kaiawhina services.

**Figure 1: Te Whare Tapa Whā as a foundation for Cranford's model of service delivery**

Our model of care delivery uses Te Whare Tapa Whā as a foundation to ensure a focus on the total wellbeing of the patient and their whānau (Figure 1).



**Figure 1: Te Whare Tapa Whā as a foundation for Cranford’s model of service delivery**

While the model of care (refer to Figure 2) has evolved organically and is generally aligned with other hospice service providers in other communities around NZ, several challenges loom around the future model of service delivery. These include such things as community expectations, our ability to attract and retain a qualified workforce, the need to innovate and optimise the use of existing and new technologies, as well as the issues of sustainability (both environmentally and financially). These issues are at the forefront of our planning processes as we look to the next three or five years.

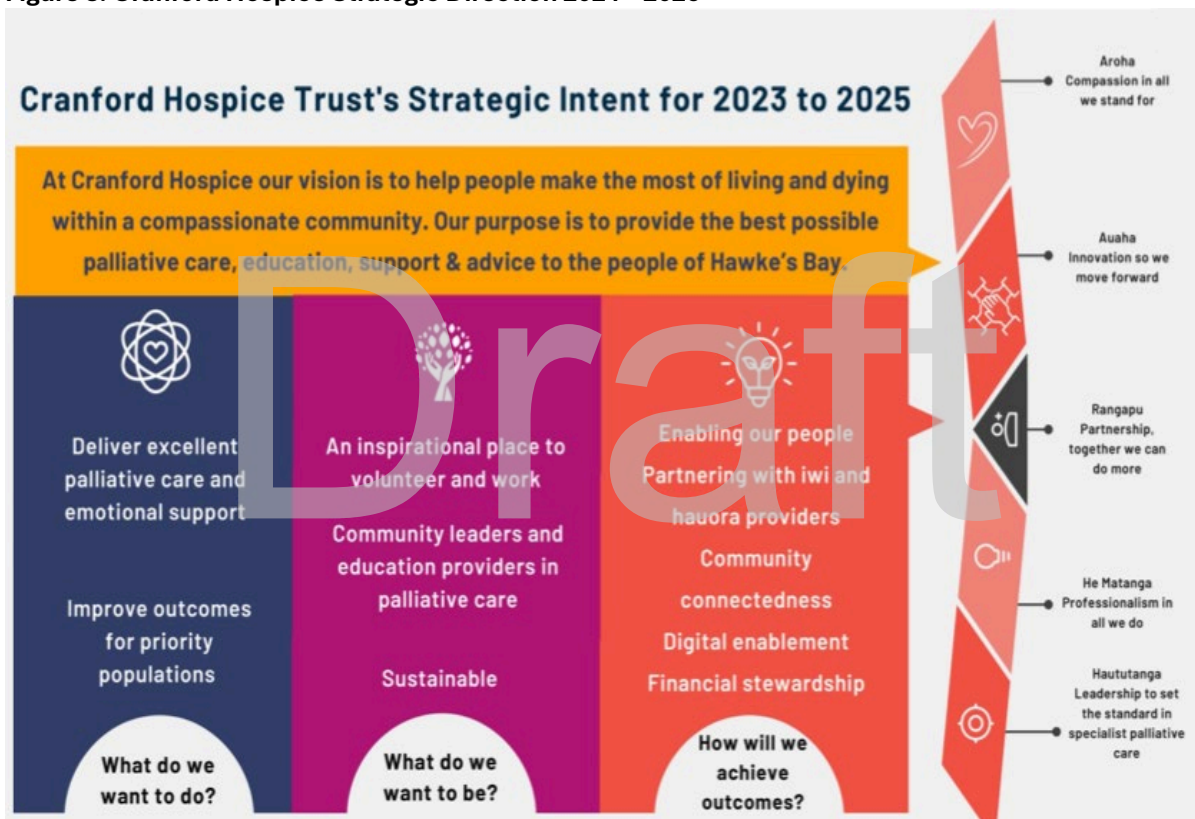
## Strategic direction

Our strategic direction is based on our vision to help people make the most of living and dying within a compassionate community by providing the best possible palliative care, education, support, and advice to the people of Hawke's Bay (Figure 3).

We are guided by our key values / whanonga pono in everything we do:

1. *Compassion / Aroha* – in all we stand for
2. *Professionalism / He Mātanga* – in all we do
3. *Partnership / Rangapū* – together we can do more
4. *Innovation / Auaha* – so we move forward
5. *Leadership / Hautūtanga* – we set the standard in specialist palliative care

Figure 3: Cranford Hospice Strategic Direction 2024 – 2026



## Strategic Challenges

In addition to the many issues noted earlier, there are two major strategic challenges facing palliative care in the future. There are many more deaths projected and those deaths will be with people who are at older ages, and therefore deconditioned.

Data projections show that deaths in Te Matau a Māui Hawke's Bay will increase by 140% over the next 20 years. These deaths will be in the older age bands – 75+ and will be occurring in people with more co-morbidities and a high prevalence of dementia. The need for palliative care will therefore correspondingly increase. Should patterns of care and referral remain the same, the number of people projected to use hospice care will



increase by 122% over the next 20 years. Some of these will use hospice IPU for which demand is projected to increase by 111% over the same period. All of this means that our service must grow to enable Cranford Hospice to meet this demand and continue to deliver our unique community model of care.

The place of death is also relevant with an increasing trend of increasing numbers of deaths in residential care.

As Hospice care has evolved over time, care is being offered to a different demographic of illness presentation than hospice was originally set up. The ageing of projected deaths is a significant strategic challenge for palliative care. There are therefore opportunities to plan the last year of life and place of care as our population ages.

## National Direction

Health system transformation will mean that how we are funded will fundamentally change and we will need to embrace new ways of working to ensure regional and national consistency in the delivery of services for our communities. A regional approach will provide us with the opportunity to develop data-informed strategic planning. Regional approaches could include consideration of services such as shared on call, core regional educators and administrators to deliver regionally consistent syringe driver programmes, and last days of life approaches (for example).

A regional approach will increase our ability to access data and analytics and a regional dashboard. In turn this provides a foundation for future strategy, planning and financial sustainability over the longer term.

## Opportunities

The presence of several significant challenges for palliative care provides an opportunity to set a strategic direction that can respond to these challenges in a structured and planned way.

**Technology:** Access to palliative care in the community enables people to live in their preferred place of care, which is often home. Provision of timely 24/7 care in a geographically dispersed community has proven challenging. There is an opportunity to explore accessible and flexible models of care that are responsive to people's changing needs that could be provided using digital health technologies such as telehealth and AI.

**Political context:** Health system transformation will stimulate the need to provide increased regional and national consistency in delivering palliative care services. Therefore, we need to be thinking and planning strategically now, for the future.

**Equity:** Cranford has a clear focus on equity of access and acknowledges the challenges faced by populations such as Māori, Pasifika, Rainbow, rural, and people with disabilities. These populations are traditionally underserved by health and experience an inequitable burden of morbidity and mortality.

Cranford's equity strategy has a focus on several key areas which will continue to be implemented as part of this plan.

**Mauri Mate – A Māori Palliative Care Framework for all Hospices:** This framework was published in 2019 and responds to issues that Māori have raised with service providers and researchers. The aim is to develop guidelines for hospices, so adult Māori receive access to good palliative care which includes:

- good (quality) care in the lead-up to the end-of-life
- good comfort (compassionate) care at the end-of-life
- helpful whānau support during and after the illness, and the end-of-life (including spiritual care and grief support).



Since Mauri Mate has been written as guidance for all hospices of Aotearoa, it is critical that Cranford incorporate the opportunities presented by this work into its strategic direction.

**Compassionate Communities:** This is a health promoting approach to palliative care, bringing compassion to life in practical and specific ways through compassion driven actions. A compassionate community recognises that caring for one another at times of crisis and loss is not just a task for health and social services but is everyone's responsibility. This approach encourages, facilitates, supports, and celebrates care for one another during life's most testing moments and experiences, especially those relating to life threatening and life limiting illness, chronic disability, frail ageing and dementia, grief and bereavement, and the trials and burdens of long-term care.

Positioning ourselves with ideas means we can facilitate and grow people working together and educate and empower communities.

**Workforce diversification:** Multidisciplinary well-functioning teams are important in palliative care, as teams gather the necessary resources of the disciplines of physicians, nurses, allied health workers, health care assistants, chaplains, and pharmacists and volunteers to offer the best possible wrap around patient and family care. There are opportunities for exploring alternative ways we can support our patients and whānau to provide the best person-centred and integrated care possible whilst ensuring patient safety and sustainability of service delivery.

**Model of care:** A new purpose-built hospice facility is planned which enables us to plan for our facilities to grow so that we can meet the increasing demand and deliver our unique community model of care.

**Partnerships:** There are many ways in which we can and should connect with our community which can then influence and shape how our services and our programmes look in the future. The building of sustained community connections is an ongoing process which enables relationships and trust. We are committed to exploring how we can build new and stronger relationships with our communities as part of our strategic direction. These partnerships should also assist with Sustainability of our services.



**Financial sustainability:** Prioritisation of the development and growth of predictable and reliable forms of income generation over undertaking activities which rely on a discretionary spend will be critical to ensuring a sustainable revenue channel. Focusing on opportunities to grow predictable and reliable sources of income will enable us to explore opportunities such as the creation of an innovations fund for the development and implementation of new services from our discretionary income sources.

**Environmental sustainability:** With the new build, there are opportunities for us to explore how we can become leaders in environmental sustainability so that we act responsibly, consider the wider implications of our actions, and minimise our carbon footprint.

**People:** While our patients and whānau are at the centre of our model of service delivery, our people – our staff and volunteers – are at the heart.

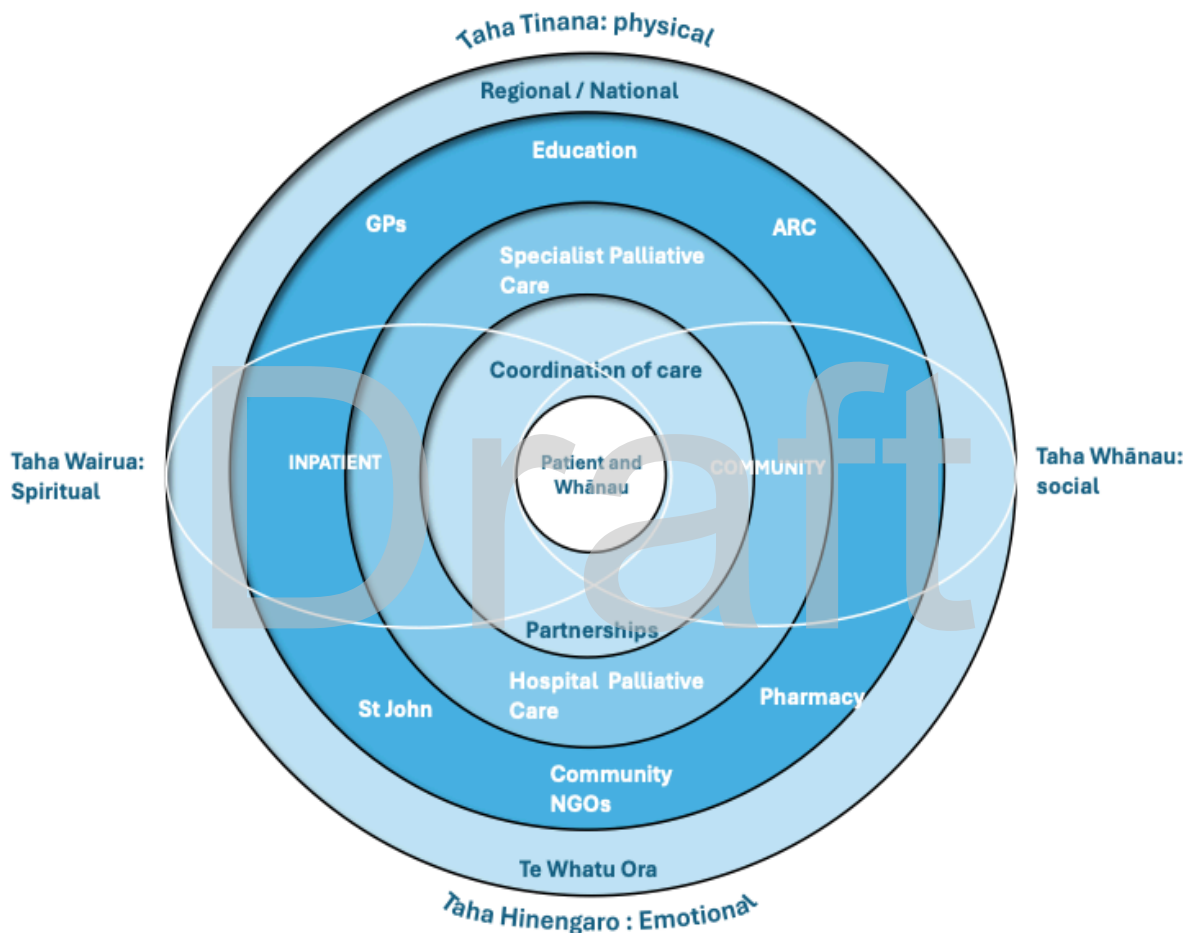
Building an organisational culture that enables our people, both staff and volunteers, to be engaged and supported across every aspect of their work is in the absolute best interests of our people and the people and whānau they care for.

## Our priorities

### 1. Model of care: deliver excellent clinical care and emotional support

We want our patients and their whānau to access excellent clinical care and emotional support based on the holistic Te Whare Tapa Wha approach. Our model wraps services around our patients to meet their needs as shown in Figure 3.

Figure 3: Cranford Hospice Model of Care



Innovating and leading on sustainable and safe specialist palliative care, within an increasingly resource constrained environment, will further improve the quality of service provided to our population. This will include exploring options that diversify our workforce, be proactive in our use of telehealth and digital solutions and partnering with other organisations and sectors to pilot new and/or creative ways of meeting patient/whānau needs or improving service delivery.

A new purpose-built hospice facility is planned which enables us to further plan for our facilities to grow so that we can meet the increasing demand and deliver our unique community model of care.

## What we want to do

- ❖ Deliver the best possible person and whānau centred care, regardless of location.
- ❖ Manage complex palliative care symptoms (emotional, spiritual, cultural, physical) using an interdisciplinary approach.
- ❖ Help people feel more comfortable about death and provide them with the emotional support they need.
- ❖ Assist family and whānau to manage any practical details that may be involved in caring for a loved one who is dying.
- ❖ Embed a robust Quality and Data Management System that enables effective risk management and decision making at patient, operational and strategic levels.

## How will we do that?

- Continue to implement our Cranford User Engagement Strategy which focuses on listening to service users and utilize feedback to improve the service we delivery; engage with our service users and community in purposeful partnerships; and support service users to better understand their palliative care journey and make informed decisions.
- Implement Cranford Hospice's equity strategy.
- Implement *Te Ara Whakapiri: Principles and Guidance for the Last Days of Life* into our practice.
- Scope opportunities for innovating on specialist palliative care provision which includes workforce diversification options such as leveraging broader prescribing opportunities and advocating for wider scope of prescribing for nurse practitioners, registered nurses, and pharmacists, and increase the use of HCAs in the community.
- Consider partnership with aged care provider to pilot a dedicated education unit providing palliative care education where all new employees and students receive education and coaching on palliative care as part of their onboarding and ongoing pipeline training.
- Review the services we currently deliver (for example 24/7 on call doctor and nurse service) to determine whether there are alternative opportunities for meeting our patients' needs and whether the current model is equitable & sustainable.
- Identify potential gaps in service delivery and consider whether selected service offerings should be sourced regionally (for example specialist paediatric care).
- Implement an organization-wide, fit for purpose Quality Management System (QMS) based on the premise of sustainability and that "Quality is everyone's business".
- Streamline, standardise and optimise data collection systems (PalCare and Quality Hub)



## 2. Sustainability: be environmentally and financially sustainable

### 2.1 Environmental Sustainability

We are increasingly conscious of the need to act responsibly, consider the wider implications of our actions and improve our practices so that we minimise our environmental impact while ensuring patient care is not adversely affected.

#### How will we do that?

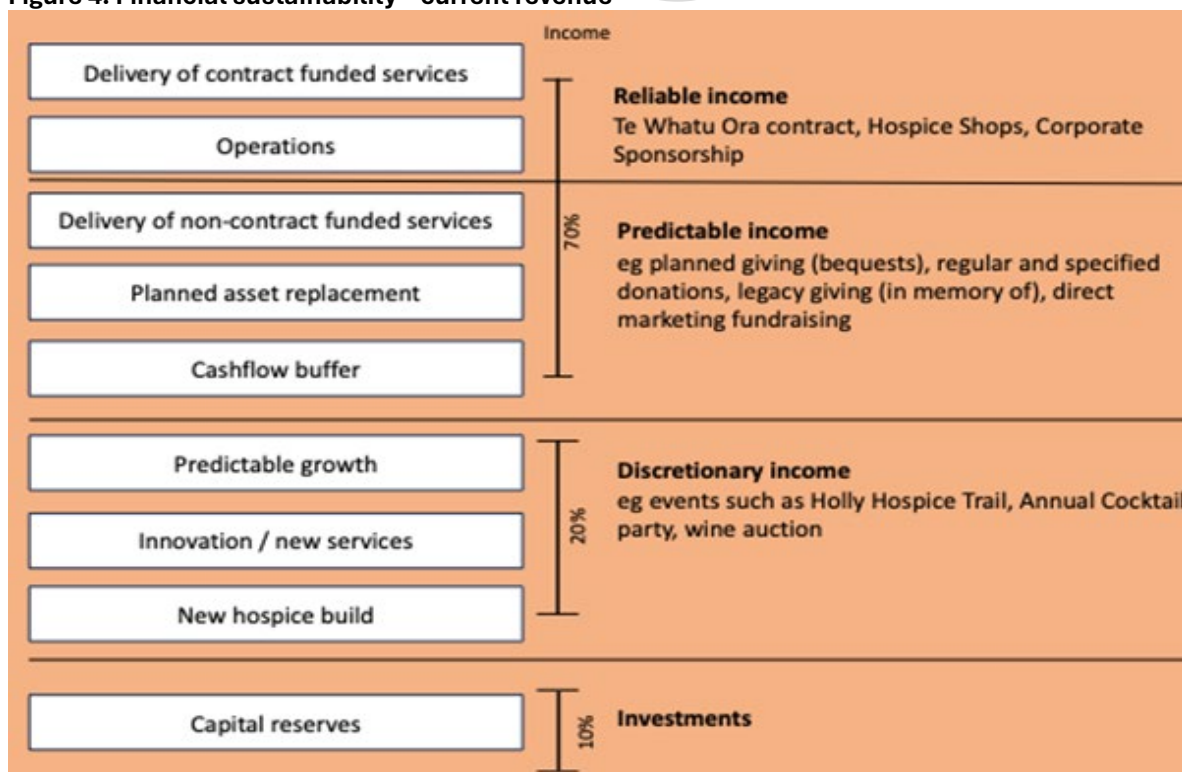
By starting small initially, we will:

- Continue to reduce our carbon footprint and minimize waste, including improving our approach to recycling, reviewing our use and mode of transport to reducing dependence on fossil fuels, exploring opportunities for using alternative energy sources, and reviewing steps taken internationally to become more environmentally sustainable.
- Establish an internal environmental sustainability group to develop a plan for implementation over the next three years focusing initially on the many realistic and achievable steps we can take to reduce our footprint both within our charity shops and in the in-patient unit.
- Then use this group and our architect in the drafting, planning and development of our new purpose-built facility to house the Cranford Hospice of the future.

### 2.2 Financial Sustainability

As a registered charity, a portion of our income is funded by Te Whatu Ora (about 45%). The rest of our income is derived from our three hospice shops, donations, grants, and fundraising activities (refer to Figure 4).

Figure 4: Financial sustainability – current revenue



We are operating in a highly competitive market where government funding is spread across many non-government organisations to deliver health and social services. While a valuable income source, the contribution by government is not going to keep pace with ever increasing demand and costs of service delivery into the future. Our dependence on fundraising is increasingly fragile in the ever-changing economic environment, so our fundraising approaches need to be continuously refreshed if we are to continue to sustain our service.



We will need to think innovatively about how we can diversify our income sources, build a strategy that focuses more on predictable and reliable funding streams, and work with our community to encourage more reliable and regular donation streams.

### What we want to do

- ❖ Develop a financial strategy that focuses on sustainability for the future delivery of services
- ❖ Deliver an inspiring fundraising programme, one which diversifies our funding streams.
- ❖ Ensure we are the charity store of choice for people to donate, volunteer, and shop in.
- ❖ Build a pipeline of reliable, alternative funding streams, so we become less reliant on government funding and charitable contributions.

### How will we do that?

We will review our expenses and build a financial strategy that focuses on sustainable service delivery

A refresh of our fundraising strategy is currently underway (including the retail strategy already in place for our three retail stores). We will place greater emphasis on

- Partnerships (e.g. with our farming community) leveraging opportunities for financial and environmental sustainability.
- Grow and develop a deeper understanding our data base (ensuring we care for our existing donors and grow more)
- Further develop our bequest programme (take a long-term view to donations)
- Maximise the Hospice shop experience and opportunities (for example, ensure greater consistency in the pricing and sales that occur within our retail environment)
- Develop alternative business income opportunities.

### 3. Priority Populations: Improve access, awareness, and outcomes for priority populations

We have a responsibility as a comprehensive specialist palliative care service to support our patients wherever they may be. Our services need to be provided in a person-centered way through coordinated care planning across all services needed by the patient and their whānau.

We have a commitment to ensuring our services reach traditionally underserved populations, such as Māori, Pasifika, Rainbow, rural, and people with disabilities. We have listened to our communities who are clear about the importance of engaging whānau in the care of their loved ones.

Partnering with existing organisations using a compassionate communities approach will be part of what helps us to improve outcomes.

#### What we want to do

- ❖ Increase the involvement of whānau in care.
- ❖ Partner with iwi and Hauora providers to raise awareness of our services and improve access over time.
- ❖ Apply co-design principles to ensure services are person and whānau centred.
- ❖ Implement existing, and develop ongoing, equity plans for Māori and Pasifika, rural, disabled, rainbow and homeless.
- ❖ Strengthen our focus on our rural communities in Central Hawke's Bay and Wairoa
- ❖ Develop a framework to support people living in Aged Residential Care facilities.
- ❖ Explore opportunities provided by the compassionate communities approach.

#### How will we do that?

Over the coming three years, we will:

- Implement our equity strategy
- Review our rural strategy to strengthen the focus on Central Hawke's Bay and Wairoa
- Partner with social services to initiate and cultivate relationships that support our priority and vulnerable populations, including homeless, prison, people with disabilities as well as local iwi and Pasifika services and bodies.
- Develop mini programmes that orient whānau to the care needed for their loved ones at the end of life.
- Ensure information about palliative care services for patients and whānau is designed and tested with Māori patients and whānau which describe palliative care services, introduce key concepts, and provide useful and practical information.
- Ensure staff training is provided to all health professionals on Te Tiriti o Waitangi, cultural safety and cultural competency with supporting resources that describe Māori diversity, preferences and hospice resources that will meet the needs of Māori patients and whānau.



The various programmes and initiatives that are intended to support caregivers will be monitored, reviewed, and assessed to identify whether Māori patients and whānau are accessing the programmes and how they are viewed by Māori.

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## 4. Our People: Be an inspirational place to volunteer and work

We aspire to become an employer of choice and embody and celebrate equity, diversity, and inclusion in our workforce, as well as lead innovative wellbeing initiatives and organizational development across the Bay.

We also believe that we are well positioned to become an initiator and innovator in specialist palliative care, effectively a centre of excellence for research and publications & community engagement, thus attracting the best of the best to share their talent with our workforce and our community. Our people enjoy the collegial atmosphere at Cranford and the professional



development they have. We are committed to building on this experience for our people to make Cranford an inspirational place to work for all our people.

### What we want to do

- ❖ Attract and retain a diverse and talented workforce equipped for the future.
- ❖ Foster a vibrant, agile, and community-based learning culture.
- ❖ Grow and enable both our employed and volunteer talent to deliver on our strategic priorities and service delivery.
- ❖ Recognise and reward the efforts of our volunteer workforce, ensuring they are acknowledged and valued for their ongoing contributions.

### How will we do that?

Over the coming months we will:

- Run a series of values workshops to ensure staff & volunteers buy into and can describe and demonstrate behaviours aligned to the organisation's values and their own.
- Develop a long-term organisational culture strategy that clearly articulates the type of culture we wish to see, and the roadmap on how to get there.
- In conjunction with the organisation's Culture strategy, we will review our recruitment and retention strategies and the benefits offered to all staff, thus ensuring we remain competitive in the recruitment market.
- Review our staff training and ongoing education offerings, ensuring we maximize opportunities for professional development amongst our team.
- Work with our recently appointed volunteer coordinators to develop programmes that thank and reward volunteers for their contribution. The focus must be on ensuring they feel valued for the work they do.
- Set staff employment aspirational KPIs that reflect the diverse make-up of the Hawkes Bay community.

## 5.0 Leaders & Educators: Be community leaders and providers of education in palliative care

### Leaders and educators

We will function as both a catalyst and initiator for educating and leading other health professionals to plan and deliver better care for their patients.

Over the last 2-3 years, staffing constraints, particularly in ARC facilities, along with the impact of COVID and Cyclone Gabrielle have limited access to palliative care education and ongoing refresher training.

Cranford Hospice Educators provide a broad range of training with the current training provided by Cranford Educators well received by ARC facilities, General Practice teams, and hospital staff. Our

Medical, Nurse Practitioner and Nursing teams reach out to support Primary Care and grow their understanding and management of complexity at the end of life.



### What we want to do

- ❖ Foster collaboration with other health, aged residential and social service partners, thus growing their understanding in the fundamentals of care required at the end of life.
- ❖ Build on awareness of palliative and hospice care in our community.
- ❖ Deliver leading palliative care education and training programmes to all relevant medical, nursing staff and volunteers.

### How will we do that?

- Offer training in the fundamentals of palliative care, empathy, advanced care planning and how to have conversations about death and dying, the management symptoms and the use of syringe driver equipment; to all staff in the community that are involved in end-of-life care.
- Continue to offer training and placements for medical, nursing, and allied health roles, and other healthcare professionals as requested.
- Engage and partner with willing community groups to support and grow the Compassionate Community concept, with a view to improving death literacy, social connections, and wrap-around support for patients and whānau living in the various communities throughout Hawkes Bay.

## Next steps: moving from strategy to action

Strategic planning is a standard requirement of any organisation. Operationalising the agreed strategy is an essential “next step” in the development process. As we move from planning and agreeing the strategic direction, we plan to ensure our vision is widely shared and that implementation is aligned to our shared vision and values.

We see our strategic direction as a process of our planning and may require iteration as we navigate health system transformation.

We look forward to implementing our shared vision to ensure our community has access to the best care possible, often when they need it most.

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## Three-year action plan: 2024 - 2027

Focus area	Actions	Strategy Year			
		Year 1: 2024/25	Year 2: 2025/26	Year 3: 2026/27	Long term: 2027 onward
System transformation	Continue to engage regionally and nationally with Hospice counterparts and Health New Zealand National and Regional teams to collaborate on consistent service delivery approaches and ongoing sustainability for the future.				
Model of care: deliver excellent clinical care and emotional support	Review the overall model of care and services we currently deliver, to determine whether there are alternative opportunities for meeting our patients needs and whether the current model is equitable & financially sustainable. This will include identifying potential gaps in service delivery and consider whether selected service offerings should be sourced regionally (for example specialist paediatric care)				
	Develop a plan to continue implementing Cranford Hospice User Engagement Strategy which includes: <ul style="list-style-type: none"> <li>Listening to service users and utilize their feedback to improve the service we deliver</li> <li>Engage with our service users and community in purposeful partnerships</li> </ul> Support service users to better understand their palliative care journey and make informed decisions				
	Implement <i>Te Ara Whakapiri: Principles and Guidance for the Last Days of Life</i> into our practice.				
	Scope opportunities for innovating on specialist palliative care provision which includes workforce diversification options such as leveraging broader prescribing opportunities and advocating for wider scope of prescribing for nurse practitioners, registered nurses, and pharmacists, and increase the use of HCAs in the community				
	Consider partnership with aged care provider to pilot a dedicated education unit providing palliative care education where all new employees and students receive education and coaching on palliative care as part of their onboarding and ongoing pipeline training.				

Focus area	Actions	Strategy Year			
		Year 1: 2024/25	Year 2: 2025/26	Year 3: 2026/27	Long term: 2027 onward
	Implement an organisational-wide, fit for purpose Quality Management System (QMS) based on the premise of sustainability and that “Quality is everyone’s business.”				
	Streamline, standardise and optimise data collection systems (PalCare and Quality Hub)				
Sustainability: Financial	Build a financial strategy that is focused on service delivery				
	A refresh of our fundraising strategy is currently underway (including the retail strategy already in place for our three retail stores). We will place greater emphasis on <ul style="list-style-type: none"> <li>Partnerships (e.g. with our farming community) leveraging opportunities for financial and environmental sustainability.</li> <li>Look to lessen the fundraising gap/ income gap year on year instead of every second year</li> <li>Grow and develop a deeper understanding our data base (ensuring we care for our existing donors and grow more)</li> <li>Further develop our bequest programme (take a long-term view to donations)</li> <li>Maximise the Hospice shop experience and opportunities (for example, ensure greater consistency in the pricing and sales that occur withing our retail environment</li> </ul>				
	Develop alternative business income opportunities.				
Sustainability: Environmental	Establish an Environmental Sustainability Group to commence work on establishing our baseline (carbon footprint) and identifying opportunities for change focusing initially on: <ul style="list-style-type: none"> <li>transportation</li> <li>waste</li> </ul>				

Focus area	Actions	Strategy Year			
		Year 1: 2024/25	Year 2: 2025/26	Year 3: 2026/27	Long term: 2027 onward
	<ul style="list-style-type: none"> <li>reuse and recycle</li> <li>procurement</li> <li>printing</li> <li>utilities</li> </ul>				
	Goals in place for reducing carbon footprint in line with nationally directed requirements				
Improve outcomes for our priority populations	Implement Cranford Hospice's Equity Strategy				
	Review our rural strategy to strengthen the focus on Central Hawke's Bay and Wairoa				
	Partner with social services to initiate and cultivate relationships that support our priority and vulnerable populations, including homeless, prison, people with disabilities as well as local iwi and Pasifika services and bodies				
	Care plans developed that are developed and informed by the needs and preferences of care of Māori patients and whānau.				
	Information packs are designed and tested with Māori patients and whānau which describe palliative care services, introduce key concepts, and provide useful and practical information				
	Staff training provided to all health professionals on Te Tiriti o Waitangi, cultural safety and cultural competency with supporting resources that describe Māori diversity, preferences and hospice resources that will meet the needs of Māori patients and whānau.				
	Programmes and initiatives that are intended to support caregivers be monitored, reviewed, and assessed to identify whether Māori patients and whānau are accessing the programmes and how they are viewed by Māori.				



Focus area	Actions	Strategy Year			
		Year 1: 2024/25	Year 2: 2025/26	Year 3: 2026/27	Long term: 2027 onward
Be an inspiring place to work and volunteer	Facilitate a series of values workshops to ensure staff and volunteers buy in to, and can describe, behaviours aligned to the organisation's values and culture				
	Develop a long-term organisational culture strategy that clearly articulates the type of culture we wish to see, and the roadmap on how to get there.				
	In conjunction with the Organisational Culture strategy, we will review our recruitment and retention strategies and the benefits offered to all staff, thus ensuring we remain competitive in the recruitment market.				
	Review our staff training and ongoing education offerings, ensuring we maximize opportunities for professional development for our team.				
	Work with our recently appointed volunteer coordinators to develop programmes that thank and reward volunteers for their contribution. The focus must be on ensuring they feel valued for the work they do.				
	Set staff employment aspirational KPIs that reflect the diverse make-up of the Hawkes Bay community.				
Be community leaders and education providers in palliative care	Programmes and initiatives that are intended to support caregivers be monitored, reviewed, and assessed to identify whether Māori patients and whānau are accessing the programmes and how they are viewed by Māori.				
	Offer training in the fundamentals of palliative care, empathy, advanced care planning and how to have conversations about death and dying, the management symptoms and the use of syringe driver equipment; to all staff in the community that are involved in end-of-life care.				
	Continue to offer training placements for medical, nursing, and allied health as requested				
	Engage and partner with communities and groups to support and grow the Compassionate Community concept, with a view to improving death literacy, social connections and wrap around support for patients and staff living in the various communities throughout Hawkes Bay.				

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