



**ST CATHERINE'S
HOSPICE**

**ORGANISATIONAL
STRATEGY 2025-2030**



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“ I was expecting St Catherine’s to be a sad place but it was a place of tranquillity, comfort and a level of compassion I haven’t seen before. I will always be grateful for the experience there.”

OUR COMMUNITY

As a local hospice, we are here to provide compassionate palliative and end of life care to individuals and families across the towns and villages of West Sussex and East Surrey. This community is home to around 635,000 people, and with approximately 1% of those dying each year¹, we know that around 6,000 people at any time could benefit from the care, support, compassion and understanding that hospice care brings.

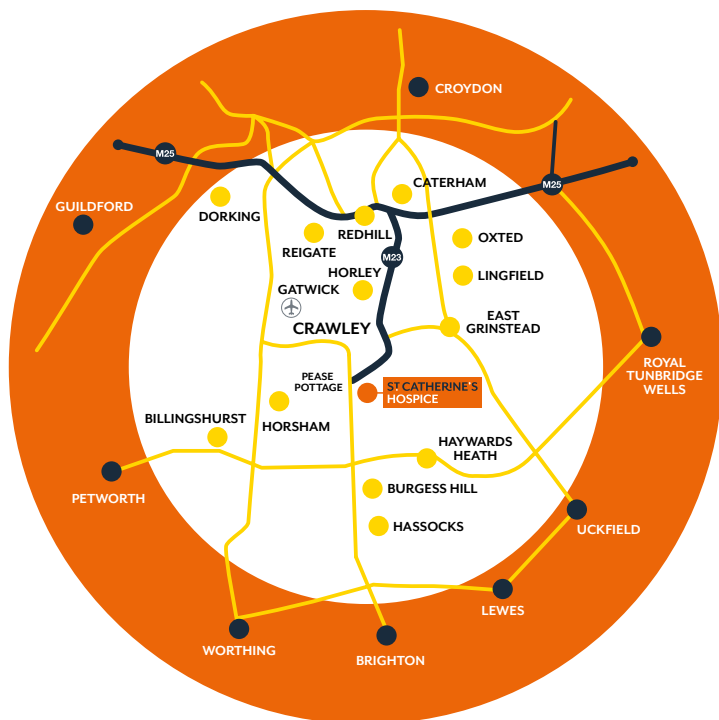
Over the last year, as we delivered our first full year of operation at our new home in Grace Holland Avenue, we have supported 2,248 people in the community and 321 people on our wards. Going forward, population demographics show clearly that the need for end of life care is only set to rise with an expected increase in UK deaths of between an additional 75,000 – 100,000 over the next 5 years². We must ensure that we are in the best possible place to support as many people as we can.

1. Stat taken from the Gold Standards Framework Centre in End of Life Care <https://www.goldstandardsframework.org.uk/>

2. ONS data. Current deaths per year in the UK 667,000.

83% of patients and their friends and family strongly agreed that we made sure they were at the centre of their care and treatment choices and we decided, in partnership with them, how to respond to any relevant changes in their needs.





Catchment Area

Our catchment area covers East Surrey and West Sussex. From the north in Caterham, Oxted and Dorking, down to Hassocks, Billingshurst and Burgess Hill in the south.



2,248 patients were cared for in the community and **321** in the Inpatient Unit



Our community teams made **4,569** home visits and **7,203** planned telephone calls to patients



We provided **4,213** days of inpatient care, with an average bed occupancy level of **96%** and an average length of stay of 16 days

MISSION AND IMPACT: THE STORY BEHIND OUR STRATEGY

Over the last 10 years, our hospice has worked hard to reach more people. It undoubtedly remains an important aim that everyone should have fair access to care, most especially to palliative care, when all treatment to cure options have been exhausted and when people and families are at their most vulnerable.

Over this same time frame, we have welcomed the support of our community and successfully expanded our care, raising over £3.5 million more each year compared to 2013. We have also secured dedicated monies to build a new facility – with all costs covered thanks to the unwavering commitment of our supporters.

However, all this growth in services was only possible when inflation was benign. From March 2020 to June 2025, inflation has been 25%³. With the cost of living rising so quickly, our costs have increased at a rate where our voluntary income, whilst growing, cannot keep pace.

Our income

The costs of running our hospice are covered by two primary sources; voluntary income which equates to around 70% of the income we receive, and NHS grant funding which equates to around 30% of the income we receive.

While NHS Surrey and Sussex have continued to support us with small income increases, these haven't kept up with rising costs. To make sure

local hospice care remains secure and available for those who need it, we've had to make some difficult but necessary decisions to reduce our costs.

Our need for innovation

Recognising these challenges and aiming to ensure continued support for those needing palliative and end of life care, we've had to think innovatively. In 2024, as part of our last five-year strategy exploring 'new models of care', we delivered a proof of concept in East Surrey. By working more closely with district nurses and local GPs, we aimed to serve patients more effectively and efficiently, enhancing care and strengthening collaboration between partner services. The concept showed strong potential, allowing St Catherine's to focus on specialist care while offering expertise and advice to the wider NHS system, including district nurses, care homes, and GPs. This approach also supports the Government's vision of delivering more care in the community, away from hospitals.

3. Taken from the Bank of England Inflation Calculator

89.5% of people strongly agreed that we treated them and their friends and family with kindness, empathy and compassion and we respected their privacy and dignity.





73% of our patients and their friends and family strongly agreed that we supported them (and you) to plan for important life changes, so they had enough time to make informed decisions about their future, including at the end of their life.

OUR DONORS AND SUPPORTERS

NHS funding will always be just one part of our overall income - our donors and our local community will undoubtedly remain the foundation of our long-term success. Alongside them, our near 1,000 volunteers play a vital role, giving their time and skills to help drive our work forward.

It was our donors and volunteers who made this hospice a reality, raising the funds and building an outstanding place of care. Our supporters live across West Sussex and East Surrey and rely on local NHS and social care services themselves. We believe they share our hope for a healthcare system that is strong, effective, and able to deliver the best care for everyone and that they understand that palliative care is just

as important as any other type of care. For over 40 years, they have seen how hospice services can work alongside the NHS to provide vital support for people at the end of life.

We continue to be indebted to those who give their time and money to support our vital work and are extremely grateful that our community recognises the value a hospice brings to them and their families.

LOOKING AHEAD: THE NEXT 5 YEARS

As a hospice, we play a leading role in delivering and shaping specialist palliative and end of life care within our community. As a charity, our aim must be sharply focused: to direct our efforts and funding toward delivering the highest standard of specialist care. Generalist palliative services can and should be provided by others in the healthcare system; our role is to go further. This means it's not just about supporting people as they die, it's about helping them live fully, with dignity and comfort, until the end. It's about standing beside those who care for them, ensuring they are not alone. This is our purpose, and we must deliver this with clarity and conviction.

With funding pressure ongoing, with demand rising significantly and with an NHS system in change, we must work more effectively as a key partner with our local system – enabling all of us together to effectively reach as many people needing end of life care as possible. Reach is still the goal but in the future, this needs to be achieved through integration of partners rather than by the efforts of a single hospice.

More than a building

Our new, larger hospice at Pease Pottage offers a unique opportunity to shape palliative and end of life care in our area, not only through the services we deliver on our wards and in the community, but by serving as a beacon for specialist palliative care across the region. We want to ensure the hospice

remains a trusted advocate for dying people and the bereaved by supporting GPs, district nurses, care home teams, carers, and others with practical help, information, signposting, and access to expert direct specialist hospice care provision.

Hospices are valuable “out-of-hospital” care providers that help relieve pressure on the NHS. **With a clear understanding of the growing demand ahead we are excited to launch our new five-year strategy: 2025-2030.**

“Your professionalism and empathy made a profound difference in her final days, and I am truly grateful for the comfort and peace you brought to my wife and our family. Your unwavering commitment to ensuring her comfort and dignity will always be remembered and cherished.”

CREATING OUR STRATEGY

Whilst preparing our new strategy we have spoken with our community, NHS, patients and those closest to them, as well as our staff and volunteers to ensure their voices are reflected in our plans. We have also used findings and feedback gained in our daily work to build a strategy that hears and responds to the palliative and end of life care needs of our community within an ambitious but realistic framework.

The views of our staff and volunteers

To create our strategy we worked together with our staff and volunteers to build goals and plans that reflect their thoughts, ideas and views, holding 15 sessions with staff representation from all areas of the hospice and a session with volunteer representatives. From these conversations, it was clear that people felt a strong need for direction after a period of challenge and change. There was also a shared desire to clarify our role within the wider

end of life care system, and to define what our hospice should offer in the years ahead. We believe this strategy provides this clarity and gives us all a clear direction, focusing on the provision of specialist palliative and end of life care for those who need us and only by working together can we achieve this.

The views of those we care for

We have listened to the views of our patients and those closest to them during the creation of this strategy and we are reassured to hear that



their opinions and suggestions are similar to our own and reflected in our goals, which feature on page 13⁴.

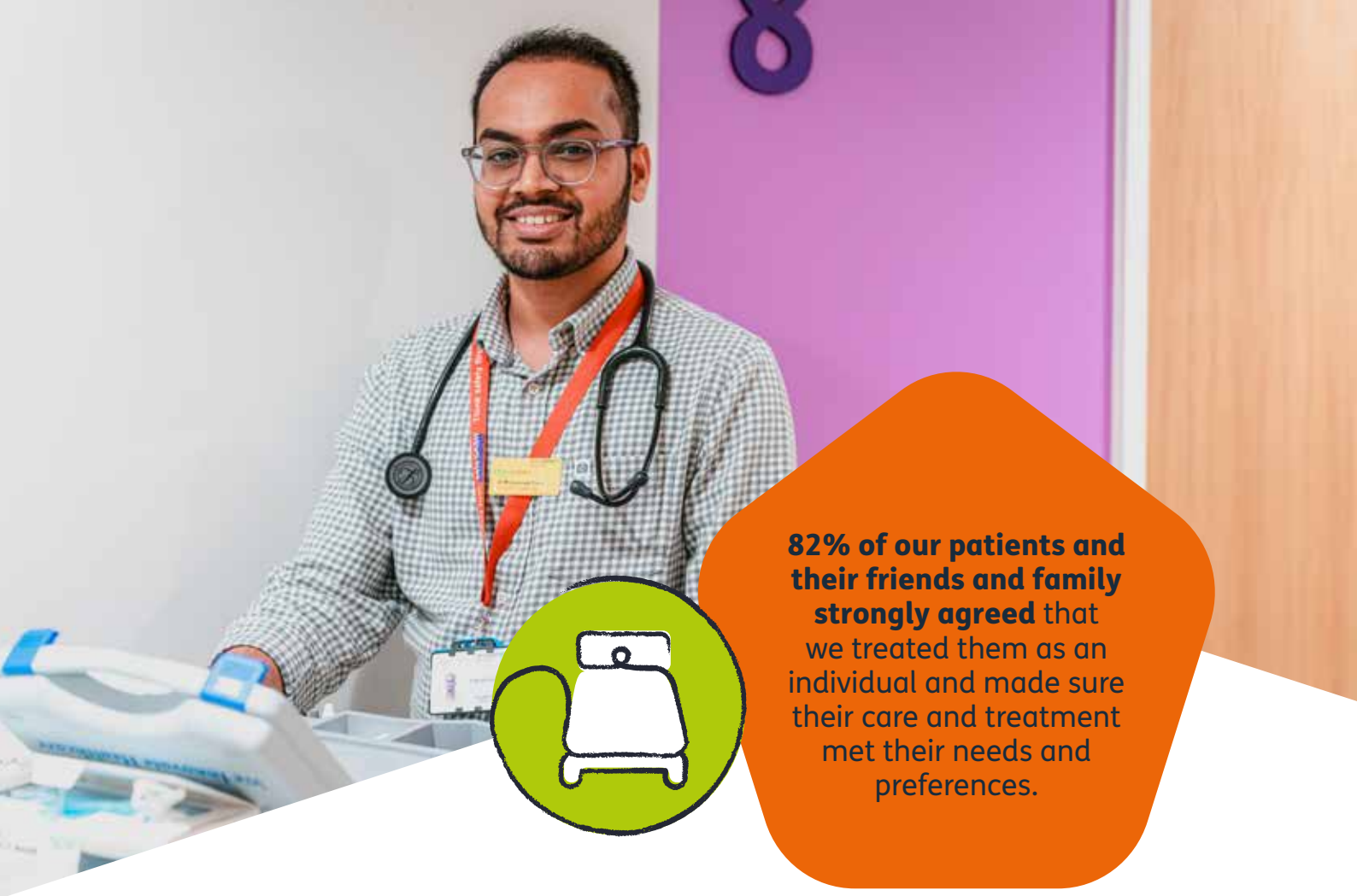
They expressed a need for St Catherine's to link with other healthcare professionals, particularly GPs and they saw the importance for us to engage with our community and offer opportunities for those needing palliative and end of life care the chance to meet and share their experiences. They had directly experienced the tailored, individual care we provide and expressed the want for others to benefit from this in the future. They felt they were given time and personalised care by professional experts getting to know the individual, actively listening and

honouring our commitments. Alongside this they also recognised the urgent need for more sustainable funding for hospices so that others could experience the care they had in their time with St Catherine's.

4. We held a patient participation session at the hospice which had three attendees, as well as using over 100 results from our year round friends and family survey to bring together the views of those we care for. The statistics and quotes featured throughout this strategy come from these results. Whilst we sought greater participation in our patient session we understand this is not always an easy ask for those at end of life and will be actively reviewing and implementing fresh plans for patient voice engagement in the 'outstanding care' goal within this strategy.

91% of patients and their carers strongly agreed that they were extremely likely to recommend St Catherine's to friends and family if they ever needed similar care or support.





82% of our patients and their friends and family strongly agreed that we treated them as an individual and made sure their care and treatment met their needs and preferences.

OUR VISION...

...is a future where everyone approaching death and those who love and care for them can access compassionate, specialist palliative and end of life care.

OUR MISSION...

...is to provide outstanding specialist palliative and end of life care, guidance and advice to meet the needs of our community.

OUR FIVE STRATEGIC GOALS:

- Outstanding Care
- System Integration and Collaboration
- An Exceptional Workplace and Volunteer Environment
- Community Engagement
- Financial Sustainability and Optimising Resources



GOAL 1: OUTSTANDING CARE

Our community deserve to approach the end of life with the specialist support, compassion, and dignity that only we are uniquely positioned to provide.

- Deliver outstanding specialist palliative and end of life care ensuring people with complex needs live well and die well.
- Maximise opportunities to deliver broader palliative and end of life care services.



GOAL 2: SYSTEM INTEGRATION AND COLLABORATION

Patient care is stronger when we work effectively together with other service partners.

- Ensure our statutory income is aligned to the different ways we deliver our core services.
- Continually develop strategic relationships with our healthcare partners.
- Continue to work collaboratively with our Surrey and Sussex hospice colleagues to respond to evolving NHS and social care developments.
- Support and facilitate the wider system to provide universal palliative and end of life care.



GOAL 3: AN EXCEPTIONAL WORKPLACE AND VOLUNTEER ENVIRONMENT

We are committed to providing a great place to work and volunteer and have the right people to deliver our goals.

- Attract, recruit and retain the best people.
- Have an inclusive, performance driven and values led culture.
- Ensure we are a well led organisation.



GOAL 4: COMMUNITY ENGAGEMENT

Strengthening our community's confidence in St Catherine's.

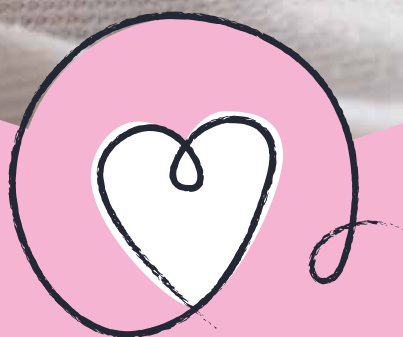
- Raise awareness of end of life care and St Catherine's Hospice to grow our network of valued supporters throughout our community.
- Educate our community to build understanding of hospice care and how we can support them.
- Align our external engagement plans to link to local NHS structures.



GOAL 5: FINANCIAL SUSTAINABILITY AND OPTIMISING RESOURCES

We must protect the future of specialist palliative and end of life care for our community.

- Grow our voluntary income - fundraising and retail.
- Maximise the efficiencies of our resources.
- Explore and introduce new commercial innovations.
- Build and demonstrate our eco credentials.
- Use data and digital tools to guide decisions, operations and overall direction.



**GOAL 1:
OUTSTANDING CARE**

OUTSTANDING CARE

Our community deserve to approach the end of life with the specialist support, compassion, and dignity that only we are uniquely positioned to provide.

We will...

Deliver outstanding specialist palliative and end of life care ensuring people with complex needs live well and die well

- Consolidate our new specialist palliative and end of life care model in the community and by extension our work on our inpatient unit.
- Ensure patient voice is used to improve patient experience and supports future service planning (including addressing engagement limitations and health inequalities).
- Explore wellbeing and bereavement service delivery in the community as well as from the hospice.
- Enhance community engagement links into NHS structures and other local service providers.

Maximise opportunities to deliver broader palliative and end of life care services

- Work collaboratively internally and externally to make informed clinical decisions in support of future service delivery to ensure that the specialist voice shapes services.
- Deliver effective and efficient planning, implementation and service management to ensure we deliver project requirements.

 Thank you to all (the) wonderful staff at St Catherine's Hospice for support and care for mum. It's made a huge difference having fantastic nurses visiting mum at home and receiving care and support from (the) super Wellbeing team."



GOAL 2:
SYSTEM INTEGRATION
AND COLLABORATION

SYSTEM INTEGRATION AND COLLABORATION

Patient care is stronger when we work effectively together with other service partners.

We will...

Ensure our statutory income is aligned to the different ways we deliver our core services

- Optimise relationships with NHS Surrey and with NHS Sussex as key partners.
- Develop and realise effective palliative and end of life care opportunities inherent in the NHS long term plan.

Continually develop the strategic relationships with our healthcare partners to respond to evolving NHS and social care developments

- Develop relationships with each delivery partner.

Continue to work collaboratively with our Surrey and Sussex hospice colleagues

- Work with the Sussex Alliance and Partnership groups making sure it aligns with and benefits our strategic goals.
- Explore collaboration opportunities with our Surrey hospice neighbours.

Support and facilitate the wider system to provide universal palliative and end of life care

- Educate other healthcare professionals so they can provide generalist palliative and end of life care and identify when need becomes specialist - explore commercial opportunities around this.
- Review our model including out of hours availability in collaboration with the system - explore commercial opportunities around this.

 Collaboration with St Catherine's Hospice has been invaluable. Having two nurses from St Catherine's join the Dorking District Nursing team has significantly strengthened our working relationship. We have found this partnership to be highly beneficial, and it has fostered a more integrated approach.”
Dorking PCN



GOAL 3:
**AN EXCEPTIONAL
WORKPLACE AND VOLUNTEER
ENVIRONMENT**

AN EXCEPTIONAL WORKPLACE AND VOLUNTEER ENVIRONMENT

We are committed to providing a great place to work and volunteer and have the right people to deliver our goals.

We will...

Attract, recruit and retain the best people

- Develop clinical career development opportunities to meet specialist palliative and end of life care needs.
- Provide training and development, talent management and succession planning consistently.
- Ensure we are an employer of choice, attracting a workforce that reflects the community we support.
- Ensure our compensation and benefits packages support the recruitment and retention of our workforce.

Have an inclusive, performance driven and values led culture

- Review and revisit organisational culture.
- Continue to develop our EDI plans.
- Ensure performance delivers our goals and is celebrated or challenged alongside our regular strategic review.
- Promote and develop engagement for employee/volunteer voice.
- Ensure our policies and procedures reflect the culture we need.

Ensure we are a well led organisation

- Carry out an organisational design review and benchmarking project including maximising our volunteer resource.
- Create the competencies needed to grow into the commercial space.

 You allowed my husband to die with dignity and more importantly with me holding his hand. Allowing me to be with him in his final days was what I know he wanted. You looked after me so well too. A huge thank you for all you did for us both.”



GOAL 4:

COMMUNITY ENGAGEMENT TO ENHANCE OUR STRONG REPUTATION

COMMUNITY ENGAGEMENT

Strengthening our community's confidence in St Catherine's.

We will...

Raise awareness of end of life care and St Catherine's Hospice to grow our network of valued supporters throughout our community

- Create service marketing plans to ensure all healthcare partners know about St Catherine's.
- Benchmark our current brand awareness so we're clear where we're starting from and create targeted projects to improve.
- Develop and grow our network of ambassadors and their networks to support our brand and income generation efforts.

Educate our community to build understanding of hospice care and how we can support them

- Create products and services for the community that support the preventative health aims reflected in the NHS long term plan.
- Deliver community education campaign/s.

Align our engagement plans to link to local NHS structures

- Understand and build relationships with those working inside the local healthcare structure, exploring and delivering opportunities for St Catherine's.
- Increase our understanding of the communities in our area who are not currently accessing our services and develop plans to minimise barriers (health inequalities).

 Thank you for your tireless efforts, your comforting presence, and your unwavering support. Your work is invaluable, and I am forever grateful for the care you provided to my wife."



GOAL 5:

**FINANCIAL SUSTAINABILITY
AND OPTIMISING RESOURCES**

FINANCIAL SUSTAINABILITY AND OPTIMISING RESOURCES

We must protect the future of specialist palliative and end of life care for our community.

We will...

Maximise the efficiencies of our resources

- Ensure net growth by continually reviewing and challenging our cost base, identifying and delivering cost saving initiatives wherever possible.
- Ensure we optimise technology to support our operational activities.

Explore and introduce new commercial innovations

- Develop a costing model to inform pricing decisions and optimise contractual arrangements.
- Execute future plans through bids utilising the costing model and our clinical expertise ensuring funder requirements are met.

Build and demonstrate our eco credentials

- Build a robust eco sustainability plan.

Use data and digital tools to guide decisions, operations and overall direction

- Review the performance and quality needs of the organisation and ensure we have a structure that supports this need.
- Use population health analysis (NHS and social care) and our clinical numbers analysis to support our plans, inform commercial decisions and our evidence for statutory funding.
- Use our workforce data to make the best decisions for our people.

 We are so grateful to have had dad under your care. Absolutely everyone we saw or spoke to on the phone were amazing. Thank you so much.”

ST CATHERINE'S HOSPICE

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Registered charity number 281362 and as a Company in England no.1525404.

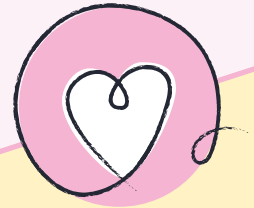
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**ST CATHERINE'S
HOSPICE
STRATEGY
GOALS
2025 – 2030**

Financial Sustainability
& Optimising Resources

Outstanding Care

System Integration
and Collaboration

Exceptional Workplace
& Volunteer Environment

Community Engagement
to Enhance our Reputation

Strengthening our community's confidence in St Catherine's.

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