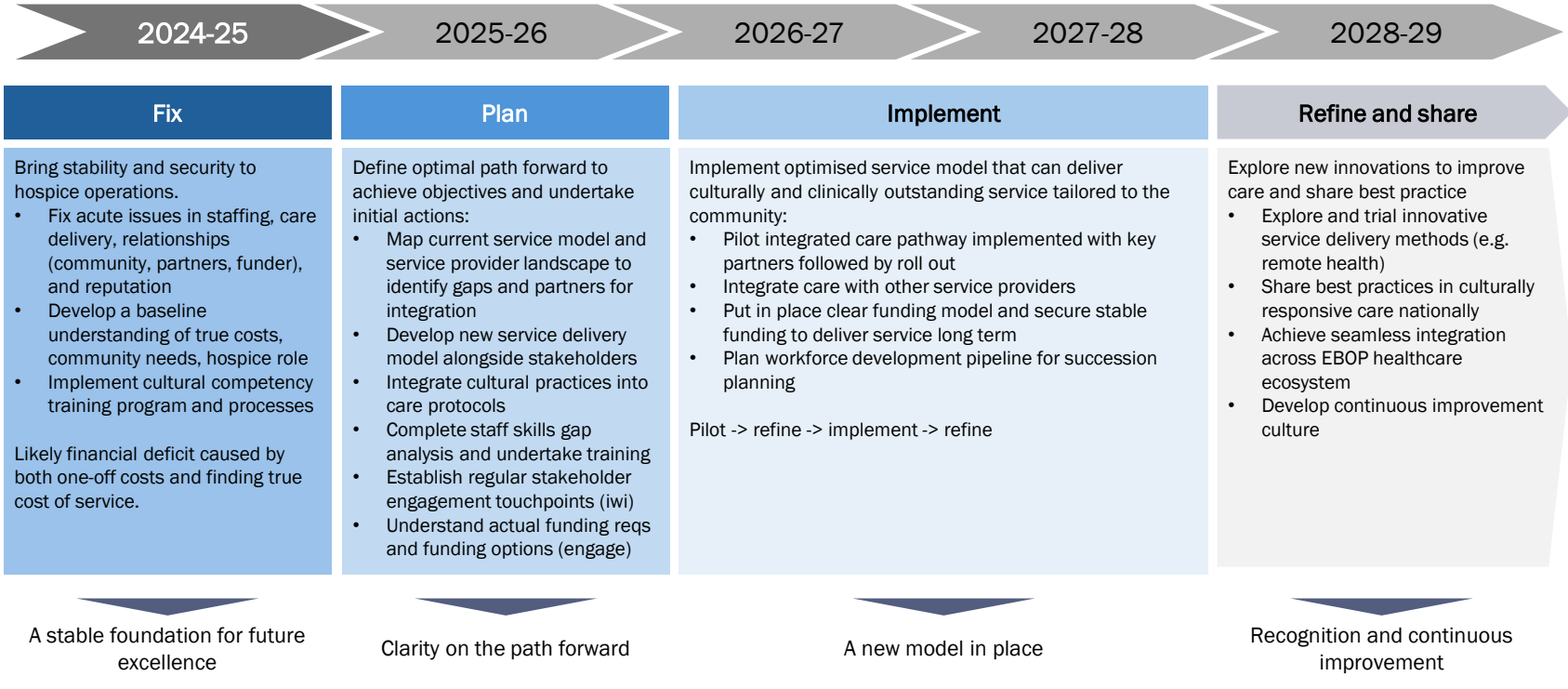
Strategic plan - 2024-2029

Confidential | 2024

Rau Ora Hospice | Strategic Plan 2024-2029

Vision	**Kia ngawari ai te huarahi** Pathway is softened on the palliative journey	
Mission	**Nga ringa aroha o nga whānau i nga ra wakamutanga** *(Caring hands in the last days of life)* Provide personalised best-practice end of life care at home	
Values	**Whai whakairo** To hold ourselves to the highest standard	**Whakamana Tāngata** Placing People First
Overarching goal	To be recognised as a leader in hospice care, known for delivering culturally and clinically outstanding service tailored to the unique needs of the Eastern Bay of Plenty community.	
Strategic focus areas	**Culturally and Clinically Outstanding Care** Be recognised as a leader in delivering culturally and clinically outstanding holistic hospice care that reflects the needs of the region.	**Integrated & Tailored Service Model** Develop and implement an EBOP specific integrated service model that ensures seamless coordination with other service providers, enhancing care accessibility and effectiveness across the region.
	Empowered and Capable Workforce Build a highly skilled, empowered, and proud workforce that is well-equipped to deliver personalized and effective palliative care to the hospice's diverse community.	**Strong Stakeholder Relationships** Cultivate and maintain robust partnerships with all stakeholders (healthcare, iwi, community, whanau) to support enhanced care delivery and community engagement.

To focus efforts and track progress the approach to achieving the objectives in the strategic plan should be phased



Phasing can be broken down by focus area to guide actions and effort

Focus area	2024-25 (Fix)	2025-26 (Plan)	2026-27 / 2027-28 (Implement)	2028-29 onwards (Refine + share)
1 Culturally and Clinically Outstanding Care	**Foundation** Ensure that hospice is consistently delivering culturally safe and clinically effective foundational level care	**Enhance** Integrate cultural practices into care protocols and achieve optimal staffing levels and skills mix to allow consistent delivery of national best practice care	**Refinement** Refine through feedback and optimise culturally responsive care model with EBOP-specific care guidelines and clinical training programs.	**Leadership** Position Rau Ora as a thought leader in culturally responsive hospice care sharing best practices nationwide
2 Integrated & Tailored Service Model	**Understand** Develop a baseline understanding of what it will take to achieve service model goal – community needs / demand level, service and staff requirements, cost and funding req's, funding paths	**New model** Develop new service delivery model alongside stakeholders, including identifying and agreeing funding, and establishing partnerships with key healthcare providers in EBOP	**Implement** Pilot, refine and roll out integrated service model region wide, with tailored services for specific community needs, and a clear and stable long term funding model	**Innovation** Achieve seamless integration across EBOP and explore innovative service delivery methods (e.g. remote health)
3 Empowered and Capable Workforce	**Culture and needs assessment** Build a stable and engaged workplace culture (repair any current issues), and understand gaps to bring up to best practice (staff, training, support, structure)	**Skill building** Complete activities identified in 2024 to bring up to best practice (hiring, training) and implement a new organisation structure	**Future planning** Secure future workforce stability by creating a development pipeline, career progression and training paths, and clear succession planning	**Continuous learning culture** Foster a culture of continuous improvement and maintain high levels of staff satisfaction and retention
4 Strong Stakeholder Relationships	**Credibility** Repair reputation in the community through proactive engagement. Clarify the engagement plan for key stakeholders (focus on those needed for integrated service)	**Active engagement** Deepen organisational relationships with key stakeholders through regular and active engagement	**Enhance and partner** Enhance community education and awareness programs, individually and through joint initiatives with key partners	**Community integration** Achieve deep integration with EBOP community Establish Rau Ora as a vital community asset and partner

For 2024-25 this means focussing efforts on bringing stability and security to hospice operations

2024 (Fix)

	Focus area	Overall objective	2024 objective	Actions / key results
1	Culturally and Clinically Outstanding Care	Be recognised as a leader in delivering culturally and clinically outstanding holistic hospice care that reflects the needs of the region	**Foundation** Ensure that hospice is consistently delivering culturally safe and clinically effective foundational level care	• Complete cultural competency training (100% of staff) • Define and implement cultural safety and related practices (e.g. karakia) • Identify and engage with lead contact at major EBOP iwi • Achieve minimum safe/effective staffing levels and skills mix vs benchmark • Resolve 100% of clinical issues/concerns previously highlighted • Meet or exceed national standards in clinical audit
2	Integrated & Tailored Service Model	Develop and implement an integrated EBOP specific service model that ensures seamless coordination with other service providers, enhancing care accessibility and effectiveness across the entire region.	**Understand** Develop a baseline understanding of what it will take to achieve service model goal – community needs / demand level, service and staff requirements, cost and funding req's, funding paths	• Define and document target level of service – demand and expected requirements to deliver – and role of hospice alongside other providers • Develop and document a baseline understanding of service gaps (current vs target) and service landscape (other complementary providers) • Develop and understanding of cost to service, likely funding paths (DHB and other) to allow for more accurate budgeting
3	Empowered and Capable Workforce	Build a highly skilled, empowered, and proud workforce that is well-equipped to deliver personalized and effective palliative care to the hospice's diverse community.	**Culture and needs assessment** Build a stable and engaged workplace culture (repair any current issues), and understand gaps to bring up to best practice (staff, training, support, structure)	• Build new workplace culture and increase staff satisfaction to [metric TBC] • Conduct skills gap analysis (for training or hiring) • Develop new org structure and complementary hiring plan • Develop and define a staff development program • Implement regular staff wellbeing and satisfaction check in's / survey and define minimum and target levels
4	Strong Stakeholder Relationships	Cultivate and maintain robust partnerships with all stakeholders (healthcare, iwi, community, whanau) to support enhanced care delivery and community engagement	**Credibility** Repair reputation in the community through proactive engagement. Clarify the engagement plan for key stakeholders (focus on those needed for integrated service	• Identify, list, and group all key stakeholder organisations and create an engagement plan for each group • Engage with all key stakeholders to build new relationships and buy in to new direction • Identify partners required for integrated service model and begin engagement

PRELIMINARY

2025-26 will be focussed on define the optimal path forward to achieve five-year objectives and undertaking initial actions

2025 (Plan)

Focus area	Overall objective	2025 objective	Actions / key results [EARLY DRAFT]
1 **Culturally and Clinically Outstanding Care**	Be recognised as a leader in delivering culturally and clinically outstanding holistic hospice care that reflects the needs of the region	**Enhance** Integrate cultural practices into care protocols and achieve optimal staffing levels and skills mix to allow consistent delivery of national best practice care	• Integrate cultural practices into care protocols • Achieve best practice staffing levels and skills mix vs benchmark • Increase percentage of clinical staff with specialist palliative care qualifications to [xx%] • Exceed national standards in clinical audit
2 **Integrated & Tailored Service Model**	Develop and implement an integrated EBOP specific service model that ensures seamless coordination with other service providers, enhancing care accessibility and effectiveness across the entire region.	**New model** Develop new service delivery model alongside stakeholders, including identifying and agreeing funding, and establishing partnerships with key healthcare providers in EBOP	• Map current service model and service provider landscape to identify gaps and partners for integration • Develop new service delivery model including metrics to measure success (e.g. % with a coordinated care plan, time from referral to first contact, expected patients by geography) • Identify and secure mid-long term funding that will achieve 100% of core services without need for additional fundraising • Plan outreach clinics or services to be established within the next 1-2 years
3 **Empowered and Capable Workforce**	Build a highly skilled, empowered, and proud workforce that is well-equipped to deliver personalized and effective palliative care to the hospice's diverse community.	**Skill building** Complete activities identified in 2024 to bring up to best practice (hiring, training) and implement a new organisation structure	• Achieve 100% of target headcount and skills mix as defined in 2024 • Achieve minimum target levels in staff wellbeing and satisfaction check in's / survey as defined in 2024 • [Increase number of active volunteers / volunteer hours by [x%] • [Implement individual development plans for all staff
4 **Strong Stakeholder Relationships**	Cultivate and maintain robust partnerships with all stakeholders (healthcare, iwi, community, whanau) to support enhanced care delivery and community engagement	**Active engagement** Deepen organisational relationships with key stakeholders through regular and active engagement	• Hold quarterly meetings/collaborations with priority partner stakeholders (e.g. iwi and Māori health providers, primary care groups) • [Implement a community advisory group to support continuous feedback] • [Undertake a community needs and awareness survey] • [Define key metrics to track to understand level of engagement and satisfaction from key stakeholders and undertake baselining (e.g. community / partner / primary care survey)]