Delivering the extraordinary in the ordinary day

Haven House Strategy 2022–25

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1 Foreword

I am delighted to share with you our new strategy for Haven House, which we have called 'Delivering the Extraordinary in the Ordinary Day'.

I was privileged to be appointed as CEO of Haven House late in 2021, and I have been in awe of the incredible strength, courage and personalities of the children and families that we support here at the hospice and in the community. We know how important our services are to these families, and we look forward to expanding what we do to care even more effectively for the babies, children and young people that are already known to us, expanding the community of families we reach and working collaboratively with our partners to shape the way that we all work to improve the quality of lives of our beneficiaries.

I have been struck by the incredible team that we have and the work they do day in, day out to make extraordinary moments happen for these families. I believe that our team goes above and beyond to make sure that the babies, children and young people we support have enriching and positive times with us, and that their families have moments to cherish long after they stop using Haven House. Supporting and enabling our team to continue to deliver extraordinary moments for our families is the most important part of my job as CEO.

I am extremely grateful for the support from our commissioners, the North East London ICS (Integrated Care System), our local authorities and NHS partners for their help in delivering the best care we can to our families. We know that all our services are under funding pressure and strain given the pandemic years but by working together, we know we can have a bigger impact if we work in partnership. The families we support, quite rightly, expect that we are connected and work together, and I am committed to ensuring that our team at Haven House is central in providing effective, safe, high quality children's palliative care in our area and region.

At Haven House, we are aware of the important roles played by our corporate partners, community supporters, fundraisers and those who support our retail shops, which enable us to deliver the care that we are so proud of. It costs us £5m per year to run our services, and over 70% of those funds are donated or raised by the generosity of thousands of people across our communities. Our fundraisers are committed and motivated team players and they support and enable the whole team to do their extraordinary work.

The last two and a half years have been unprecedented with healthcare challenges and cost of living issues and Haven House, along with the wider health and charitable sectors has had to adapt, re-plan and think differently about how we deliver care. However, we have proven that Haven House is full of determined advocates for the children and families we support, keeping our doors open 24/7 throughout the pandemic and innovating as much as we could to continue to make a difference and come out stronger.

We now look ahead with optimism, confidence and a renewed sense of ambition. I am excited to share this strategy with you – we want to support more families, with even more care and work as effectively as possible with others to make sure that all families who need our support can access it equitably.

I welcome your input, contributions and passion – if you can see opportunities for us to improve our services for the children and families we support, or if you want to collaborate with us or support our work, please get in touch. I would love to hear from you.

All the best

Siân Wicks
Haven House Chief Executive

2 What we have delivered to date

With the help of our funders, supporters and partners, we have been supporting babies, children and young people – and their families – across our communities for nearly 20 years. Here are some highlights of what we have achieved in the last year (21/22).

36,995 hours of care provided

404 babies, children and young people supported

80 end of life nights provided

789 bed nights provided

501 day care sessions provided, including inhouse and at home

298 active volunteers who give their time to make a difference

10,400 supporters who have donated in the last two years

£4.4m average annual income delivered over the last 5 years, with over £3m in free reserves held

118 children supported by Hospice at Home service

1,591 therapy sessions provided

763 home visits

202 children accessed music therapy

15 families holidayed with siblings whilst we provided respite for the life limited child

7 vibrant shops delivering £1 million sales in key high streets

1.6m reach across all social media channels

86 employees dedicated to Haven House and over a third provide hands on care to our children and families

UNDERPINNED BY OUR FOUR KEY VALUES

Compassionate | **Respectful** | **Safe** | **Professional**

WHAT WE HAVE DELIVERED IN THE LAST FEW YEARS

- Development of a Hospice at Home model of care prioritising end-of-life choice of care in the home with 24/7 specialist paediatric palliative care nursing support
- Comprehensive CQC inspection under new framework – awarded Good across the 5 KLOE
- Kept our 'doors open' throughout the covid pandemic and adjusted our model of care to ensure safe delivery of a holistic suite of services
- Trained and developed staff to competently care for higher complexity babies, children and young people
- Combined working with local ICS/statutory/ voluntary partners to provide integrated care including aligning our service offer with neighbouring children's hospices and a new service specification for children's palliative care in North East London
- Despite pandemic challenges to voluntary income, increased statutory income and maintained a strong financial position through innovation and tight expenditure management.

OUR STRENGTH AND ASSETS TO TAKE INTO THE FUTURE

- Strong collaborations with NHS partners including through innovations such as co-funded posts
- Working within the ambitious and well-organised NEL ICS, and actively shaping the strategy for babies, children and young people with life-limiting and life-threatening conditions
- Proven delivery throughout covid-19 crisis demonstrating expertise, creativity and values
- Strong financial reserves and proven fundraising and statutory funding track record
- Engaged supporters who respond positively to appeals and events
- Participating in a hospice movement is growing in strength; being an active and influential collaborator with CHaL (Children's Hospices across London) and our umbrella organisation Together for Short Lives
- A committed, passionate and expert team of employees and volunteers who go above and beyond every day.

3 The need for our services

Working with our commissioners and NHS partners, in Spring 2022 we undertook research to ensure that our strategy is built on the best possible understanding of the need for our services and so we can target our support and growth in services effectively over the coming years. We have called this work the 'needs assessment' as it seeks to understand the need for Haven House services from within our local community.

This research was commissioned to provide us with a strong understanding of what works well, what the gaps in support are and what more we need to do, and to focus our attention on the areas that matter most. Overall, the findings of this research are as follows:

1. An increased number of children and families need access to more specialist palliative support for longer, and are under more strain themselves as families
2. Palliative care and support makes a huge difference to the families that receive it, but their needs vary and so care must be highly personalised
3. Many families are not receiving support quickly enough after diagnosis, and wish they had accessed palliative care much earlier
4. Access to services is not equitable and there is more to do to ensure services are well-coordinated and resourced to deliver for these families
5. More children we support are transitioning to adulthood but the organisation of services is difficult for young adults and so there is a 'cliff edge' of support

We know that the experiences of the families we support has been far more challenging during the pandemic. Whilst Haven House has kept its doors open 24/7 throughout the last two years, respite and wellbeing services have not been accessible to the same level, and in some cases, not at all. Acute care services had to apply visiting restrictions and on occasions only one parent was able to be with a child at the end of their life. As a result, parental health has suffered, but there is much we can collectively do to improve the way we support these families.

At Haven House, we are committed to playing our important part to directly address these findings, and our strategy has been created to do just that. We are also aware that, as experts in children's palliative care, we can help our partners and commissioners to understand the needs of our children and families and to help others support our families more effectively.

The team at Haven House also wants to support more babies, children and young people with complex needs by offering respite. This will support commissioners in delivering on their statutory responsibility to ensure respite is available for these families. Haven House offers a sanctuary and is a place of joy where children come to live.

We are grateful to the families who have given us crucial input into this research, and our strategy development more broadly. Working directly with families to understand their perspectives, challenges and experiences has enabled us to forge a strategy that will help us meet their wide-ranging needs for support and to shape the system we work in for the better.

"When I visited Haven House, I knew it was a place which would give the very best care, and look after my child with dignity. The care is personalised, and the staff listen to you. They make sure he gets all the things which can keep him well."

1 An increased number of children and families need access to more specialist palliative support for longer, and are under more strain themselves as families.

Around half of child deaths in England and Wales are children with a life limiting or life threatening condition (LLC/LTC) and the vast majority of these deaths are amongst neonates. The prevalence rates of children with an LLC/LTC is rising in London.

While advances in healthcare have enabled these babies, children and young people (BCYPs) to live much longer, they are noted to often be living with highly complex health and care needs for much of their lives. This is resulting in parents and primary care givers having to perform quite skilled and advanced nursing and care tasks at home, and also puts increased pressure on palliative care services to support these families.

There is more demand for services providing care for newly diagnosed BCYP and for continued care for existing BCYP requiring care for a longer time period. Neonates surviving longer into infancy or childhood often have far greater and more complex care needs (long term ventilation, parental nutrition etc). These factors result in a greater strain and direct usage of palliative services, and also means that families themselves have to take on greater care responsibilities and effectively learn how to provide and execute quite complex care activities at home. These families therefore require greater guidance and education to support them.

Families expressed a strong desire to have choice and control about the services they used, with a particular focus on when and where they accessed care, and also who they had supporting their children and family.

2 Palliative care and support makes a huge difference to the families that receive it, but their needs vary and so care must be highly personalised.

Children who access palliative care services have less intensive care at the end of their lives and accounts also suggests that families who are able to make good use of these services tend to have better care and end-of-life experiences.

Experiences of using palliative care services, particularly hospices, are generally very positive. The more support and services families embrace, the more benefits they seem to get from services and the better their experiences appear to be. Families also get the most out of services when they are able to build up a strong and trusted bond with staff, allowing them to get some much needed respite.

Parents who have been able to access hospice care appear to have found this service crucial in supporting their families' care and wellbeing needs and experiences of hospices generally surpass any initial expectations held. Parents of BCYP with LLC/LTCs note being surprised by the fun and laughter they found in hospices, discovering a safe and loving environment to make precious, happy memories.

Parents also note how much they appreciated and benefitted from opportunities to meet and socialise with parents in a similar situation to them, reassuring them that they are not alone in going through this often very isolating experience and taking comfort in the experiences they share.

> "Haven House is the only place I look to when I desperately need help and support to look after my child."

3 Many families are not receiving support quickly enough after diagnosis, and many wish they had accessed palliative care much earlier.

Although we know that neonates and young babies are surviving much longer, there does not seem to have been a proportionate amount of uptake and referrals of these babies into palliative care services, despite these children and their families being eligible for this support.

Families may also struggle to fully comprehend or absorb information given to them at a time when they are in heightened state of shock, stress or emotion, resulting in a number of families we spoke to in this research accessing palliative care services much further down the line, either after having struggled to cope for some time or by re-discovering these services, often by chance. Parents express a desire to have more positive support from hospices and engagement with other parents much sooner, in order to support them through the particularly difficult days shortly after diagnosis.

Stakeholders and professionals in the NEL regions appear to have a really good understanding of what families and BCYPs want and need. However, stakeholders don't always seem to appreciate the full extent of families' nervousness about accessing paediatric palliative care services nor their concerns about how well cared for their children may be and whether or not palliative care staff can show their children levels of love, warmth and affection they would receive at home.

Many parents have stated that while these services have been fantastic and vitally helpful to them and their child, they regret that because of concerns or barriers faced, they either chose not to access the services earlier, or were unable to do so. In some cases they were unable to access them enough, with limits to the number of days of support they could receive.

4 Access to services is not equitable and there is more to do to ensure services are well-coordinated and resourced to deliver for these families.

A recent report from Together for Short Lives has revealed that due to a lack of funding and available children's palliative care nurses and consultants, families in only a fifth of local areas in England are able to access 24/7 end-of-life care at home that fully meets the NICE quality standards.

Our population in North East London includes a high proportion of non-English speakers, a wide range of cultural practices and preferences around healthcare and a huge diversity in economic situations, literacy and living standards.

There are therefore physical and other tangible barriers preventing families from accessing palliative care (including language barriers, lack of resources/ transportation etc.) and even when families have been keen to access services, many have found the referrals process difficult and confusing to navigate, with some parents describing a 'fight' to get the help and support they need. These experiences included delays in receiving equipment and an inadequate number of in-home nursing days or therapy sessions (particularly physiotherapy).

While the shared experiences of palliative care services show that they are extremely effective in supporting BCYPs with LLC/ LTCs, there seems to be more work needed to better signpost, liaise with and encourage families to accept the support, at the right time for them. Families need a trusted single point of contact to help them navigate the system, get the help they need and alleviate any concerns they have.

Services also need to be well enough resourced to provide families with a choice of care, consistently and as and when it is needed, whether it be providing a new wheelchair within a reasonable time frame or mobilising end-of-life care at short notice to allow a BCYP to die in their preferred setting, no matter what day of the week it is.

5 More children we support are transitioning to adulthood but the organisation of services is difficult for young adults and so there is a 'cliff edge' of support.

Stakeholders often refer to the positive progress made in medical advances in recent years which has meant that many children with LLCs are now living much longer than would have been expected 5 or 10 years ago, or even outliving initial prognoses given to them in more recent years. Adult services are seeing more patients transitioning from paediatric palliative care services, many with conditions and needs which the services have not experienced before (at least in any significant numbers).

Parents with a child nearing the age of 18 feel the impending and abrupt removal of these services looming over them. To go from the "life-line" that parents describe respite services as being and the fun and play-centred activities their child benefits so much from, to receiving little or no replicable support in adult services, is a distressing prospect for parents. Parents in this position fear the impact this sudden removal of service will have on their ability to cope and on the wellbeing of their child, who in many instances will be more like a much younger child in terms of their mental and physical capabilities.

4 Overview of our future strategy

We refreshed our vision 'To deliver the best quality care for extraordinary children and their families when and where they choose'.

We continue to work towards our core values:

RESPECTFUL
Recognising that everyone is an individual and treating others as we would expect to be treated.

SAFE
Creating a positive learning environment and doing everything in our power to ensure our services and environment are as safe as possible.

COMPASSIONATE
Showing warmth and empathy in the most difficult of circumstances by creating an environment where our children and families can create lasting memories.

PROFESSIONAL
Acting with integrity and honesty, striving for excellence and being accountable for our actions.

With input from stakeholders, families, supporters and our teams (staff and volunteers), we developed this set of principles that guide how we operate. These act as our 'true north' when we prioritise and plan how our services will grow and evolve.

PRINCIPLES THAT GUIDE US

- We make the extraordinary happen in the ordinary day
- We believe care and compassion matter most
- We are specialists and experts in children's palliative care not only at life's end, but throughout their lives
- We prioritise choice and control for families
- We innovate and are happy to lead the way
- We are fair, equitable and inclusive
- We collaborate and partner

Our three strategic aims have been developed to meet the needs we identified during the 'needs assessment', to achieve our vision. Their delivery is enabled by a series of priorities which are crucial in ensuring we have the funding, support, teams (staff and volunteers), reputation and governance needed to deliver high quality, safe and effective services, collaborating with others to deliver more effectively and increasing our reach to those who we don't yet serve.

OUR VISION

To deliver the best quality care for extraordinary children and their families when and where they choose

OUR STRATEGIC AIMS

Provide safe, specialist and personalised children's nursing, care and therapies when and where needed: improving children and families' quality of life, enabling choice

Collaborate and partner to improve the way families are supported through integration: developing strong pathways, building capacity and resilience

Broaden our reach and address inequalities of access and support: expanding the number of babies, children and young people we support, addressing unmet needs

ENABLING PRIORITIES

Strong, expert and compassionate teams developing and enabling colleagues and volunteers to make a difference

An inspiring local charity of regional significance embedded in our community with a wide profile and engagement

Sustainable growth in funding and resources in both statutory income and through stewarding donors and fundraisers

Infrastructure and technology that delivers what teams, partners, families and supporters need

Rigorous governance and strong leadership to meet very high standards of care and compliance

5 Our strategic aims

From Eileen White, our Director of Care

We have been thrilled to have such positive engagement from families, staff, supporters and stakeholders as we have conducted the needs assessment and developed our strategy. We have developed three strategic aims that show how we want the delivery of our services to evolve over the coming years, guided by our principles:

1. **Provide safe, specialist and personalised children's nursing, care and therapies when and where needed:** improving children's and families' quality of life, enabling choice.

   This aim is all about understanding and meeting the individual needs of each family we support, ensuring our staff teams are equipped with the specialisms needed to meet changing conditions and treatments. Choice and personalisation are critical to us – we want families to be able to have our support at home, at the hospice or by their side in hospital.

   Our model of care, outlined on page 14, shows just how varied and extensive our support for families can be. We want to help ensure that families know what we can offer and are empowered and enabled to get the most appropriate support to meet their needs.

2. **Collaborate and partner to improve the way families are supported through integration:** develop strong pathways and build capacity and resilience.

   We are one part of a very complex network of services and support that delivers paediatric palliative care within North East London. We are privileged to sit around the table with influential stakeholders to help shape the way we all work to support our families. We will continue to play our part to partner with others, integrating our services for the benefit of families, building better referral pathways and trying to find more effective and efficient ways to operate. We will always champion and advocate for the families we support in every forum we attend.

3. **Broaden our reach and address inequalities of access and support:** expanding the number of babies, children and young people we support, addressing unmet needs

   We are passionate and committed to ensuring equitable access to our services for families from across all the diverse communities we serve. We know the positive impact that hospice and palliative care can provide in the most challenging circumstances, and we will work tirelessly with partners to build referral pathways and increase our profile particularly amongst communities who are under-represented in our beneficiary groups.

   We will develop a very specific focus on neonatal referral pathways, building on the great work we have already started to strengthen connections and make palliative care accessible and non-threatening, for example through neonatal music therapy. Our needs assessment showed just how crucial it is to enable and encourage families to access support early in their diagnosis journey, often when a child is under one year old, and this will be a key focus for the coming strategy period.

As a team, we are excited about our ambitious plans to deliver even more extraordinary moments in the ordinary day for those families who are already within our community and for those who will find comfort and joy in the support we provide in the coming years.

"Having a child with such a rare and complex condition is extremely challenging and affects the whole family. I do not think we could have kept together as a family if it were not for the chance to reconnect to each other on respite days."

AIM 1

Provide safe, specialist and personalised children's nursing, care and therapies when and where needed: improving children's and families' quality of life, enabling choice

WHAT WILL WE DO?

- Deliver highly specialist nursing and holistic care within the hospice, at families' homes and within NHS settings (when and where families choose)
- Deliver ongoing, respite and end-of-life care, creating extraordinary experiences and memories
- Continue to innovate the care provided to meet new and emerging needs.

HOW WILL WE MEASURE IMPACT?

- Impact and quality of life feedback from babies, children, young people and/or their families
- Balance of hospice / home / hospital care as a measure of enabling choice and increasing reach into new settings.

SPECIFIC ACTIONS FOR THE COMING THREE YEARS

- Expand back core elements of the service that the pandemic has made challenging, for example family group sessions
- Continue to innovate service provision to meet the needs of the families we support – identifying new therapies, support, counselling and groups
- Expand support into hospital settings and environments to provide one-to-one specialist nursing and support for those children needing a greater medical oversight
- Develop models of family engagement and support that better integrate the experience of families across the different services
- Continue to extend mechanisms for family engagement and feedback in order to improve service provision and models of care.

WHO WE CARE FOR

- We provide support for all babies, children and young people with a life-limiting or life-threatening conditions, and their families, in our local community. Our criteria for admissions aligns with the national children's hospice movement (led by Together for Short Lives)
- We support families from first diagnosis, including during pregnancy. Our care can extend throughout childhood and adolescence, and we then help support a young person's transition into adult services
- We ensure that the White House is a sanctuary: a place of support and surprising joy where we collectively make memories of extraordinary moments in an ordinary day. However, we also bottle this care and deliver it for families in hospital or at home, reducing any barriers to support and enabling choice for families.

OUR CARE IS...

AIM 2

Collaborate and partner to improve the way families are supported through integration: develop strong pathways and build capacity and resilience

WHAT WILL WE DO?

- Create evidence that can be used to improve the way we deliver care and share it widely to improve practice and outcomes
- Share our deep expertise within the wider health and social care landscape to shape the way that other services support these BCYPs and their families.

HOW WILL WE MEASURE IMPACT?

- Strategies, policies and papers citing our input, research or influence
- Partner and commissioner feedback.

SPECIFIC ACTIONS FOR THE COMING THREE YEARS

- Continue to build relationships with key stakeholders that ensure Haven House's participation and influence in local policy and strategy decisions
- Collaborate with others to meet the needs of young people transitioning to adulthood and their families to address the unmet needs identified in the research
- Participate and collaborate in research initiatives that are relevant for improving the work of Haven House and the wider field
- Identify gaps in evidence and research that, if filled, would improve the way that BCYPs and their families are supported; develop proposals for partners and funders and then deliver or contribute to the evidence generation
- Disseminate needs analysis and other research widely to help improve others' approaches to widening access and support, both locally and within the children's hospice network.

AIM 3

Broaden our reach and address inequalities of access and support: expanding the number of babies, children and young people we support, addressing unmet needs

WHAT WILL WE DO?

- Widen reach and awareness of Haven House with potential families, with a view to effectively reaching the diverse communities we serve
- Develop specific pathways for Neonates, a group clearly identified through unmet needs analysis as needing more effective, swifter pathways.

HOW WILL WE MEASURE IMPACT?

- Number, and diversity, of babies, children and young people supported
- Number of families within target groups, matching unmet needs identified.

SPECIFIC ACTIONS FOR THE COMING THREE YEARS

- Develop specific neonatal pathways and referral mechanisms to broaden access for families as soon as possible after diagnosis
- Extend relationships with targeted NHS and third sector partners who will help with access and credibility with these target groups
- Build plans to address specific barriers within our communities, for example supporting non-native English speakers and developing links with community groups and other charities
- Put in place expanded monitoring framework to ensure success of widening access can be monitored and measured.

6 Our enabling priorities

TO ACHIEVE THESE AMBITIOUS AIMS, WE NEED TO DELIVER ON OUR ENABLING PRIORITIES:

1 PEOPLE

Our team are the heart of our hospice and services and they tirelessly deliver within their roles to help us achieve everything we want to do. We can enhance the support, engagement and development of our team even more over the coming three years to deliver more together.

2 PROFILE AND REACH

Haven House has a strong local reputation, but we have ambitions to expand our reach and awareness to deliver against all these objectives which need engagement with a wide range of audiences.

3 INCOME AND FINANCIAL SUSTAINABILITY

Our fundraising success to date is a testimony to our team and to the huge numbers of supporters who are loyal and engaged with Haven House. However, we know there is even more we could do and every pound we earn will help us deliver more for families.

4 TECHNOLOGY AND INFRASTRUCTURE

There have been significant investments made over the last few years in terms of technology infrastructure, but this is an area where things do not remain static and supporter and team expectations continue to evolve and must be met.

5 DIRECTION AND ASSURANCE

Ensuring we continue to have the leadership and governance needed to run the organisation effectively, managing risk, attaining compliance with very high standards and all regulatory frameworks, and making certain we have the frameworks in place to increase our impact and reach in line with this overall strategy.

ENABLER 1

Strong, expert and compassionate teams developing and enabling colleagues and volunteers to make a difference

WHAT WILL WE DO?

- Retain and recruit team members who are inspired by our vision and help them develop expertise in their roles
- Engage teams with our vision and build collaboration
- Continue to offer innovative roles and career pathways to compete for talent and develop our workforce
- Inspire a broad range of volunteers to contribute widely to our success, bringing in specific expertise where applicable.

HOW WILL WE MEASURE IMPACT?

- Staff engagement and turnover, vacancy rates
- Volunteer hours matched to need.

SPECIFIC ACTIONS FOR THE COMING THREE YEARS

- Rebuild strong connections across the hospice teams, adjusting to the challenges of living with covid, focusing on teamwork and engagement
- Develop plans for each year of the strategy to increase training and development opportunities for every colleague, including the work needed to maintain and extend clinical expertise to deliver on the strategic aims
- Identify specific target groups for volunteers which help to bring additional expertise into the Haven House in a mutually beneficial and engaging way
- Create new innovations in HR including new role development and career progression pathways. Trial new ways to recruit and attract team members.

ENABLER 2

An inspiring local charity of regional significance embedded in our community with a wide profile and followership

WHAT WILL WE DO?

- Build an overarching annual communications plan that integrates all aspects of Haven House's strategy
- Grow the number of supporters and ambassadors of Haven House, and the active engagement of those supporters
- Deliver campaigns and collateral that deliver specific objectives, targeted at key stakeholders and audiences.

HOW WILL WE MEASURE IMPACT?

- Communications monthly reach
- Press coverage.

SPECIFIC ACTIONS FOR THE COMING THREE YEARS

- Develop integrated marketing and communication plans for each year of the strategy which delivers on the underpinning actions that convey all the strategic aims and support the other enablers
- Continue to refine tone of voice, language, brand and positioning for Haven House in an evolving context
- Develop an engaging digital and social media action plan that extends reach and engagement of supporters and potential supporters and underpins the wide objectives, including delivery of fundraising targets
- Continue to expand and deepen engagement with celebrities and others of followership and influence who can help reach new audiences and drive engagement.

ENABLER 3

Sustainable growth in funding and resources; integrated stewarding of our supporters and commissioners

WHAT WILL WE DO?

- Deliver a sustained growth in statutory income within existing contracts and to support new service innovation
- Increase fundraising success across all areas, taking advantage of wider reach and building stewardship journeys that deepen engagement and financial support
- Implement an insights driven approach to prioritising income generation, with a focus on understanding return.

HOW WILL WE MEASURE IMPACT?

- Statutory income by commissioner (health and social care)
- Fundraising growth by segment.

SPECIFIC ACTIONS FOR THE COMING THREE YEARS

- Invest in our teams to achieve shared fundraising success
- Engage, support and steward our fundraisers and supporters to ensure they have a positive experience of donating to Haven House and are inspired to do more
- Invest in improving the use of existing technology systems in order to deliver effective and efficient support
- Continue to build the retail operations in a way that stays ahead of the evolving retail marketing and increases ROI.

"We went to stay in the hospice's family flat, which is just down the corridor from where Monty's bedroom was, and where he was being cared for by the hospice nurses. Pete and I were exhausted, and it meant we could get some rest and respite knowing that we were still close to Monty, and our whole family could be together."

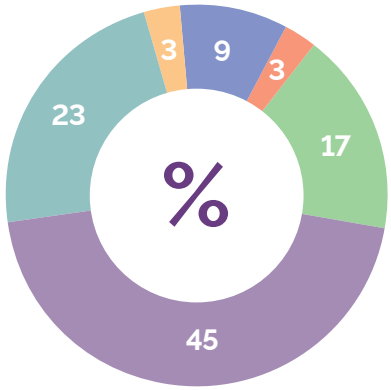
Our organisational resources within 2021/22 totalled £4.2million. We are ambitious for growth in reach, care delivery, influence and resources which means we are seeking to grow our income and expenditure, year on year, over the coming three years. We believe there is more we can do with statutory funding, and that there is an opportunity to increase our voluntary income in order to deliver on the strategic aims outlined.

However, we are also realistic and prudent planners so we will work within annual budgets for each of the next three years to ensure that we protect our strong financial and reserves position.

INCOME SOURCES

Please note that figures are not audited as of 30 June 2022

INCOME SOURCE	£000K
NHS England hospice grant	365
Other government grants	124
Statutory funding	734
Fundraising income	1,923
Retail income	989
Investment / other income	116
Total income	**4,251**



- Fundraising income
- Retail income
- Investment / other income
- NHS England hospice grant
- Other government grants
- Statutory funding

ENABLER 4

Infrastructure and technology that delivers what teams, partners, families and supporters need

WHAT WILL WE DO?

- Ensure the White House and its surroundings is a well-utilised, accessible and inspiring place at the heart of the charity
- Optimise use of existing technology platforms across the whole business, including better data capture, use and reporting
- Ensure environmental impact of Haven House activities is understood and reduced or or mitigated where possible.

HOW WILL WE MEASURE IMPACT?

- Reduce staff pain points
- Efficiency in ways of working.

SPECIFIC ACTIONS FOR THE COMING THREE YEARS

- Invest in data and systems to improve the efficiency and effectiveness of the team and the monitoring and performance management needed for delivery, and to ensure we can measure and celebrate impact across all our aims and enablers
- Develop plans to continue to reduce the carbon footprint of Haven House operations and communicate its approaches effectively
- Improve the experience of colleagues and supporters engaging with Haven House at each site / premises through the use of effectively technology
- Identify opportunities to maximise the use of the White House for Haven House families and the wider community, in ways that help to achieve our strategic aims.

ENABLER 5

Rigorous governance and strong leadership to meet very high standards of care and compliance

WHAT WILL WE DO?

- Support the Board of Trustees to continue to improve their effectiveness and performance in directing the strategy and activities of Haven House and to manage the strategic risks and opportunities faced
- Ensure the Board is well-equipped to fulfil its purpose with effective reporting and assurance mechanisms and that it is fueled with an understanding of the needs of our beneficaries
- Ensure compliance with all policies and regulations, notably the Charity Commission and CQC, but also with regards to GDPR, employment law and other areas
- Provide strong executive leadership (SMT) to the organisation and teams to deliver the strategy.

HOW WILL WE MEASURE IMPACT?

- Compliance with and feedback from regulators
- Governance review feedback against detailed action plan.

SPECIFIC ACTIONS FOR THE COMING THREE YEARS

- Develop a Board Assurance and Oversight framework that is appropriate and proportional for oversight of this strategy and that enables high quality, strong decision-making
- Ensure the use of data and management information enables strong decision-making within teams, our Senior Leadership Team and our Board
- Ensure an ongoing adherence to standards and regulations, including the Charity Commission and CQC, with increased support from a new Governance Officer.

7 Closing remarks

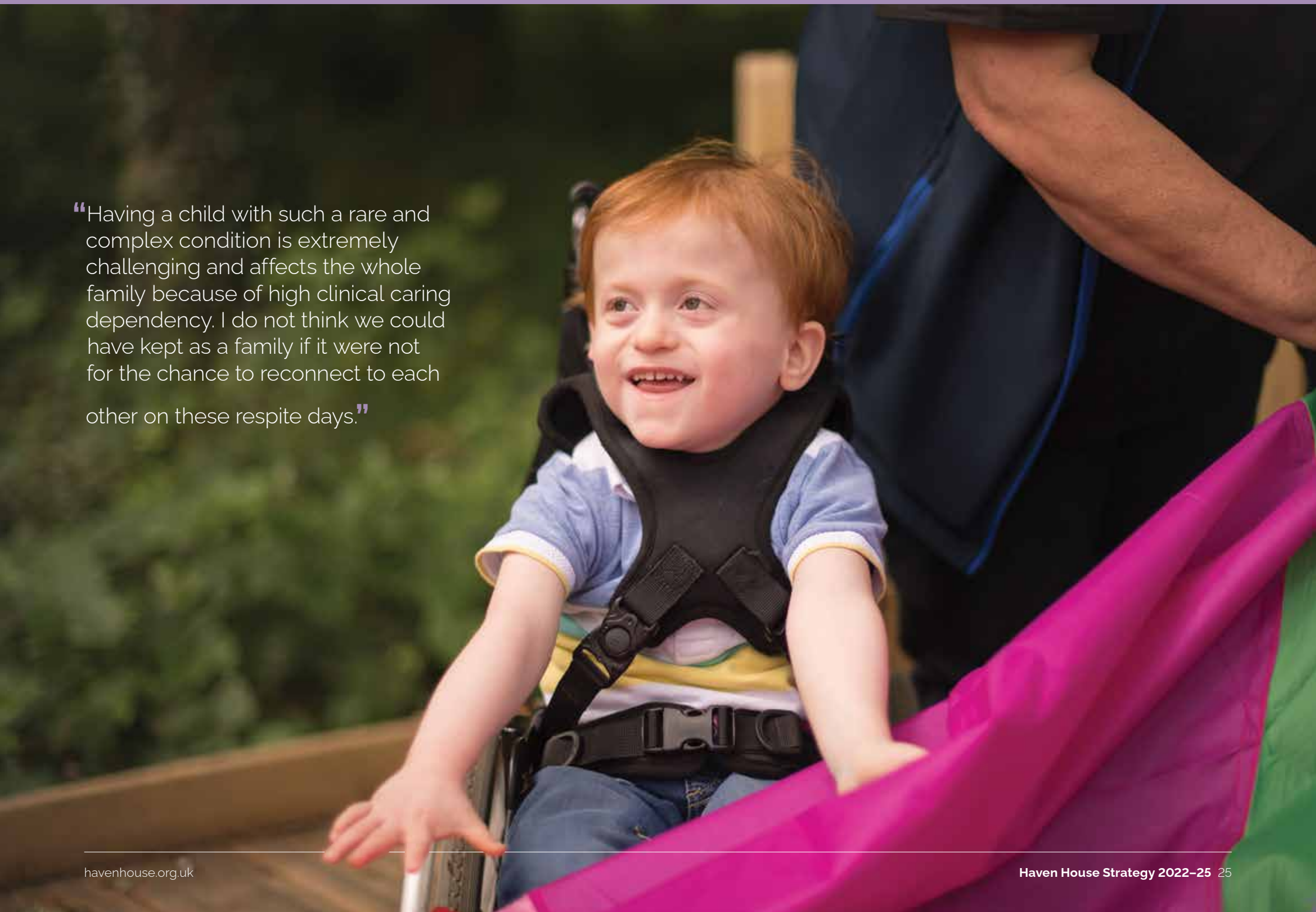
As a team, we are extremely proud of the work we do and feel privileged to support children with life-limiting and life-threatening conditions and their families every day. We know that we are honoured to support families through some of their darkest days, while also helping them create and find moments of extraordinary joy and togetherness where we can. We do not take for granted the trust that our families put in us and we continue to strive to meet their needs and increase the numbers of families we support.

We are an open and collaborative partner to many, and we want to help shape the way that others support families who need paediatric palliative care. We know the language of our services (hospice and palliative care) can be frightening and off-putting, but we are determined to help a wide range of families in our diverse communities access our support as early as possible in their diagnosis journey.

If you would like to be part of helping us deliver our strategy – whether as a team member, supporter, corporate partners, clinical or voluntary sector partner, funder or advocate – please get in touch.

Help us to deliver the extraordinary in an ordinary day.

Siân Wicks
Haven House Chief Executive



"Having a child with such a rare and complex condition is extremely challenging and affects the whole family because of high clinical caring dependency. I do not think we could have kept as a family if it were not for the chance to reconnect to each other on these respite days."

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