



lake taupō

**hospice**

Living Every Moment



LAKE TAUPŌ HOSPICE

# Strategic Direction

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# Foreword

## Te Ariki te Heuheu Tukino VIII Tumu



### Tēnā koutou katoa,

Lake Taupō Hospice Trust has a long and successful history assisting people with illness and in supporting their whānau to “live every moment”.

From small beginnings in 1983, compassionate people have voluntarily supported and cared for others with life limiting illnesses. In 1993, Lake Taupō Hospice Trust (the ‘Trust’) was formally incorporated. The trustees over this time to now, have provided support and grown the voluntary services and sought resources through a variety of ways to raise funds for this work.

Kaumātua, Ratana and Peehi Wall, engaged with the Trust soon after it was established, thus beginning the long voluntary association of Ngāti Tūwharetoa with the special work of the Trust. **Our relationship is strong, valued and continues today.**

Ratana Wall supported and served the Trust as kaumātua and ensured safety for all cultural protocols and practices and we acknowledge the importance of such leadership on matters that the Trust at times must regularly deal with.

‘Te Kapua Whakapipi’ is both important and timely to assist the Trust to have clarity of purpose as it charts a new pathway forward in our forever changing landscape, **the ultimate outcome being the health and wellbeing of the community that it serves – ko tātou katoa tera.**

I wholeheartedly commend the work of the Trust in our community and wish it all the best as it moves forward.

Te Ariki te Heuheu Tukino VIII Tumu KNZM

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Pepeha of Ngati Tūwharetoa

**Ko Tongariro te maunga**



**Ko Taupō te moana**



**Ko Tūwharetoa te iwi**



**Ko Te Heuheu te tangata**





# Welcome

to the Lake Taupō Hospice  
Strategic Direction document



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# Introduction from the Chair

## Alan Vane

As the Chair of Lake Taupō Hospice Trust Inc and on behalf of the Board of Trustees I have great pleasure in presenting this strategic direction document to you, our community.

This document reflects a significant step forward in the ongoing maturity of Lake Taupō Hospice as a charitable organisation. For the first time, it formally captures our foundation, our focus, our challenges and our future direction. It reflects the contributions of many, much thinking, research and discussion. It is our way of **providing guidance on the road we will be travelling along in future years.**

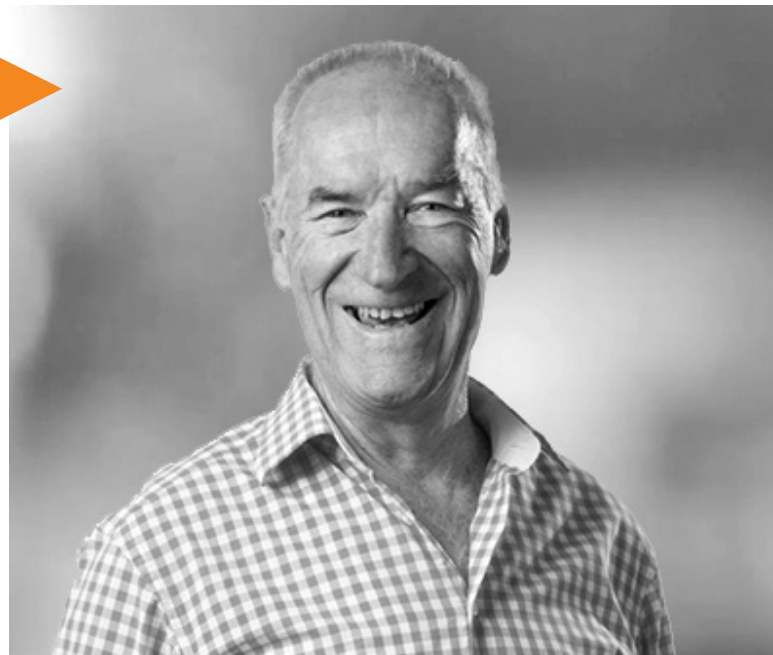
We are now busy developing a work programme that sets out the detailed activities we will complete under each strategic theme, along with the outcomes and measures that will be used to ensure we are following our agreed path.

Many of the initiatives we want to develop require a commitment to collaborate and partner with others. Success therefore will depend not just on us using our own talents creatively, effectively and efficiently, but also on our ability to build strong partnerships, let our supporters also be our advocates, and most importantly, having meaningful relationships with the communities we serve.

As a Board and organisation, **we are committed to these strategic directions** and to creating the right environment in which to carry them out. We can move forward only because of the support we have received from our amazing communities, colleagues, partners and supporters from the past. I am now inviting you to also join us for the future.

We look forward to seeing you during our journey,

*Alan*



**I am now  
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also join us for  
the future**





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Our Strategic Direction





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# Intro

About us and our approach to strategic planning





This strategic direction document acknowledges our partnership with Ngati Tūwharetoa and outlines the five key areas (model of care, revenue, community engagement, volunteering and values and behaviours) we believe we need to focus on, to deliver effective and culturally responsive community-based hospice services to the Lake Taupō district.

**It clarifies our long-term view of ‘excellence for us’ so that we can work towards achieving it.**

We will make sure that in the future all decisions and everything we do lines up with this direction. Our key challenges to achieving what we have set out to do will be ensuring that we can be nimble and flexible in an ever-changing environment and that we have sustainable funding and sufficient people resources within our team to make it happen.

## About us

We are a registered charity governed by the Lake Taupo Hospice Trust Inc and are members of Hospice New Zealand (Hospice NZ), the national hospice movement that aims to ensure every New Zealander has access to high quality palliative care. Te Rōpū Taki Māori (Hospice NZ), is made up of representatives from iwi reflecting a cross section of the country, provides support and advice to Hospice NZ and the Hospice NZ Board on tikanga me kawa (procedures and protocols). This group ensures that the values and preferences of Māori are reflected in Hospice NZ projects and initiatives.

We are a community-based hospice, meaning our focus is on caring for people where they live. Ngāti Tūwharetoa provides our board, management, paid and volunteer staff with support and advice on tikanga me kawa (procedures and protocols) and contributes to our decision making at all levels. This ensures that the values and preferences of Māori are reflected in our care, practices and programmes. This counsel also includes the principles of tautoko (support) and manaakitanga (caring).

Our patients can be referred to us from a variety of sources, for example general medical practice or hospital services to name a few. We provide practical advice; physical, emotional, social and spiritual support to patients, their families/whānau and those who care for them. We work in close collaboration with our healthcare and other social service colleagues to facilitate coordinated patient care. We visit our patients where they live to provide nursing support, expert advice, symptom management and, with the support of our volunteers and family liaison team, a full range of services dedicated to all the dimensions of our patients and their families/whānau well-being.



**We are a  
community-  
based hospice,  
meaning our  
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## Past, present and future – the context for strategic planning

We were founded in 1983 by a group of committed volunteers and became associate members of Hospice New Zealand in 1985. We were volunteer led until 2004 when two significant things happened – we purchased our first Hospice House at Sunset St and, along with the Trust Board of the time, volunteers, Lakes District Health Board (Lakes DHB), local General Practitioners and Te Nohanga Kotahitanga O Tūwharetoa Health Iwi Governance Board formulated a community vision to guide us and our palliative care services into the future. A strong relationship was established with Tūwharetoa Health Services\* and continues to be maintained today.

Though our services may be different today this original vision is still at our heart – **the patient and their family/whānau is at the centre of everything we do.**

Since 2004 not only has our range of services and the number of patients we care for grown, our paid and volunteer staff numbers have as well. This is a sign of the increasing complexity of the health and social issues surrounding our patient group. This growing multi-faceted aspect to our organisation led to us becoming full members of Hospice New Zealand and formally acquiring the Lakes DHB contract for homebased palliative care nursing for the Lake Taupō, Turangi and surrounding areas\*.

Very quickly we were bursting at the seams, and as with all organisations at this point in their development, some significant changes needed to be adopted to enable us to continue to function. To bring the necessary skills into our organisation to manage the transition and growth, a Chief Executive role and its associated operational management responsibilities was created. This allowed the Trust Board to move to the required governance role. Our specialist

palliative care nurses and family support team continued to expand their knowledge and the staff providing our support functions frequently adapted to new demands and challenges. With a view to our future we moved into Izard Hospice House.

As an organisation we are growing and developing. We have been built on the hard work and dedication of an amazing group of individuals who had tenacity and vision. This has given us an outstandingly strong foundation on which to mature. Now though, we are having to respond to unimagined challenges. To transition we need new skills, resources and new ways of doing things. Our strong foundation gives us the confidence to face these situations whilst still being able to acknowledge that not all of our past solutions will be an effective fit for our present challenges.

To continue to mature, **we need to recognise formally that we are required to be successful across two separate but interdependent capabilities – that of delivering community centred hospice services whilst efficiently and effectively raising funds.**

The environment in which not-for-profit organisations exist within New Zealand has become exponentially crowded, and this presents real future vulnerabilities for us in the form of fundraising and volunteer availability. By acknowledging the inevitable ongoing growth in demand and complexity of our services, alongside these future fundraising and volunteer challenges, **the time is right to adopt a new approach to planning for our future.**



## Our Partnership

The Treaty of Waitangi, identified as the founding document of Aotearoa, is key to providing a framework for Māori and non-Māori to exercise control over their health and wellbeing. Treaty principles and provisions of particular relevance to health are **partnership**, **participation** and **active protection**. All three of these aspects of the treaty are especially relevant to the engagement of our Māori community into what we do. **Partnership** is about relationships and collaboration. **Participation** emphasises the involvement of Māori stakeholders in the planning, delivery and monitoring of programmes – not just as receivers of our services. **Active protection** recognises the need to develop specific strategies for engagement which enables Māori to enjoy health outcomes on an equitable basis with non-Māori.

As a provider of health services, it is incumbent on us to recognise and develop this partnership and therefore it forms a key thread throughout our organisation's strategy. We are also mindful of our duty of kaitiakitanga – guardianship, stewardship, governance and responsibility in everything we do.

**The Treaty of Waitangi is key to providing a framework for Māori and non-Māori to exercise control over their health and wellbeing**





## Developing a focus – our approach to strategic planning

We have had a history of strategic planning initiatives in the past, but with the growing challenges we face, and the stage of evolution of our organisation, it became obvious that we needed to fundamentally review our strategy and develop a new way to approach our future.

Ultimately, strategic plans are developed as a response to a specific context. They are written to reflect the current environment, in anticipation of the challenges and changes which are predicted for the future.

We recognised that we needed a strong framework that we can use to establish goals and actions, measure how well we are doing and ensure that we are all working together in a way which supports the whole organisation.

To this end we designed a strategic plan model that would provide us with a simple yet effective roadmap for the future – one which could support well-defined activity underpinned by shared definitions of quality.

The model is a combination of ‘issues based’\* and ‘alignment based’\* strategic plan modelling. It enables us to be practical and focussed on tackling our key concerns whilst ensuring that we maintain cohesion between the different parts of our organisation. It is also a framework which has the concept of quality at its centre and therefore gives us the basis from which we can clearly measure how we are doing.

### A simple yet effective roadmap for the future

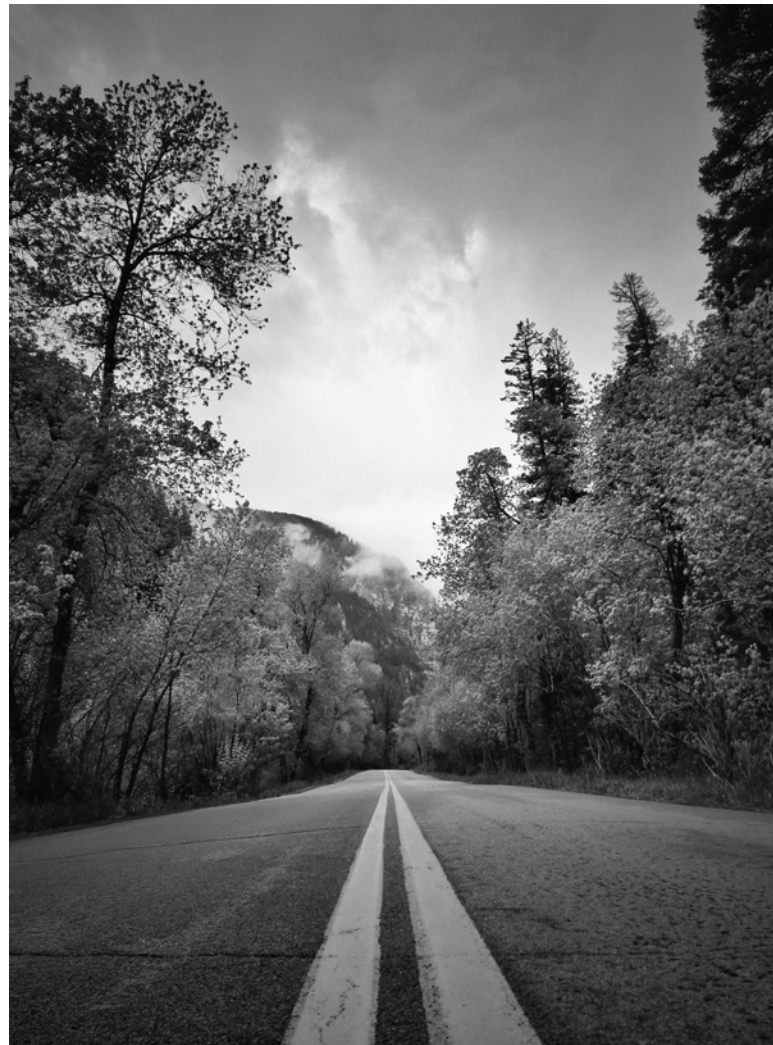
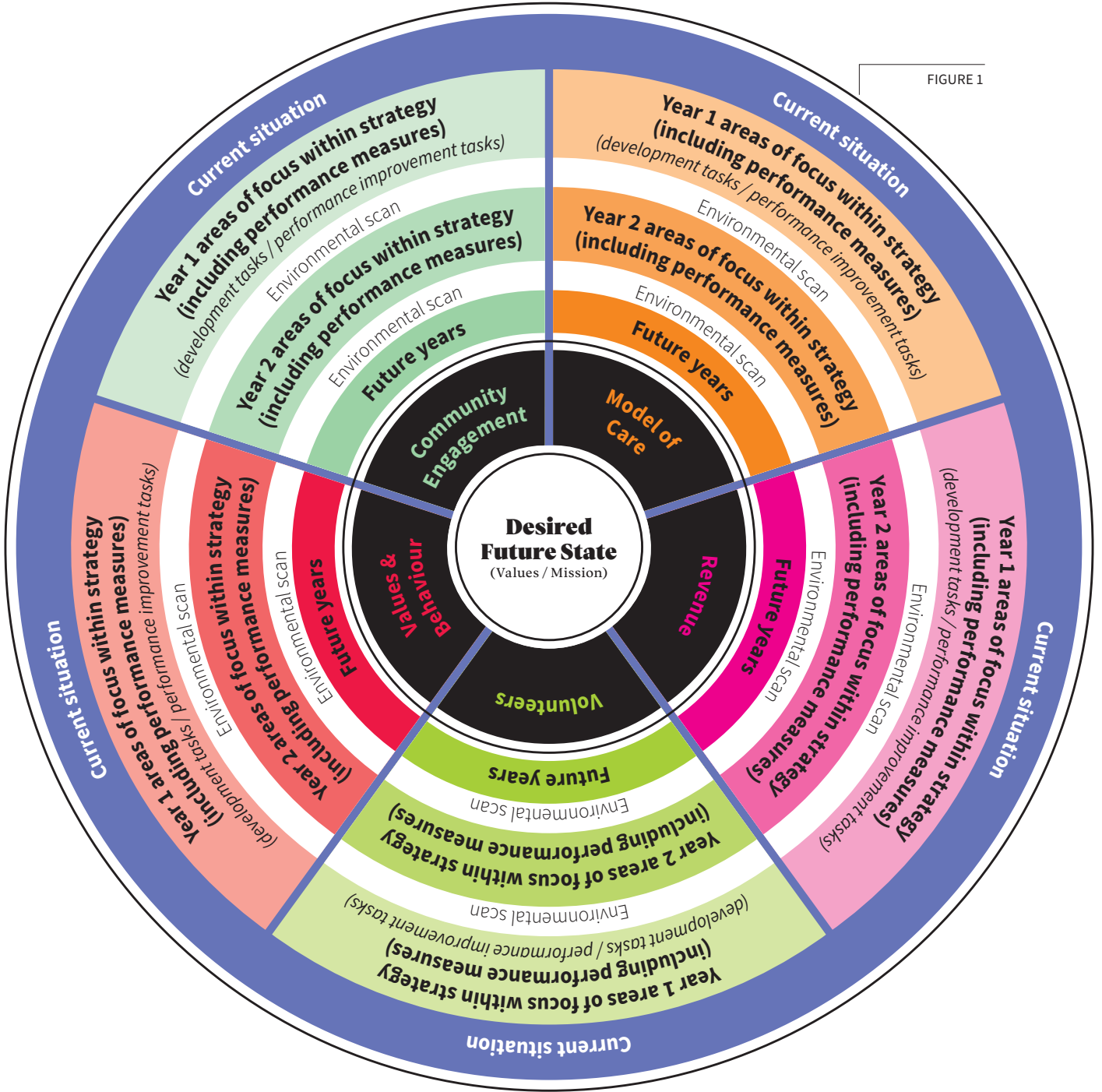


FIGURE 1





The model (Figure 1) works as a target – starting from **the outside (purple) edge** which represents the current situation (now) working in towards the white centre – which represents our future aspirations – what we believe in and what we want to be!

Next to this white centre is **a black circle** at the base of five ‘wedges’. This black circle holds the ‘overarching philosophy’ for the ‘wedge’ it represents. These wedges are the five key areas of focus that we currently want to address.

**These areas are:**

- Model of care
- Revenue
- Community engagement
- Volunteers, and
- Values and behaviours

The overarching philosophies are central to us achieving our desired future state. Each philosophy sets out what we agree as our definition of success for each area of focus. We believe that defining what success looks like is critical – not only to be effective in our future decision making but also to help us to track and show real progress.

**The varying ‘rings’** between the current situation (outer circle) and the desired future state shows the progression from the ‘now’ to ‘there’. Each year we will define a series of priorities/tasks within each area of focus. These priorities are based on moving the area of focus towards our definition of success contained in its overarching philosophy. By using this approach, our tasks will always be about growing and improving but also be realistic in terms of what we can sustain and the risks we will take.

The priorities we set ourselves within each year will form the foundation of that year’s operational plan and tracking our progress will be part of our reporting to the Board. This will ensure good governance oversight.

**The circle containing the ‘environmental scan’** is to provide us with a constant reminder that we should regularly ‘keep our eyes on the horizon’ for significant changes or challenges which may affect us. This will enable us to be nimble, responsive and adaptable in a timely and controlled manner.

Once the model was agreed, defining the overarching philosophies became our next step. A background paper reflecting subject matter expert opinion, current best practice as well as any implications for us was written to inform our initial discussions. This then led into a series of facilitated workshops on the area of focus under discussion. These were held at both trust board level and amongst paid and volunteer staff as required. **The outcomes of this process are reflected in this document along with our key areas of priority under each heading.**





## Our strategic direction at a glance



### Model of Care

‘Our model of care is a community-based approach which establishes a critical circle of support for our patients and their families/whānau. It is intended to be very personal – adapting and adjusting to the individual needs of each patient and their family/whānau members as they change over time. The impact we aim to have is for our patients and their family/whānau to be physically and mentally able to remain at home as well as possible, for as long as possible, with caregivers who view the experience positively and would do it again. Our key challenges are achieving and maintaining an appropriate mix of multi-disciplinary clinical and support staff in the context of the growing complexity around patient and family/whānau needs.’

### Revenue

‘The purpose of our revenue strategy is to ensure financial sustainability. Our intent is to achieve certainty in our income by retargeting our efforts towards sustainable, repeatable and more predictable forms of income generation which can provide the funds we need to maintain our services. We will contain our existing costs by linking them to a maximum percentage of these income sources and by ensuring robust business and clinical cases are made to justify any new or expanded services. The impact of this approach will be a stronger financial base on which we can grow. The key challenges in achieving our plan are to create and maintain strong meaningful relationships with our broad community as well as establish sound financial decision making which maximises our revenue.’

**Our overarching philosophies are central to us achieving our desired future state**



## Community Engagement

Our community engagement strategy is designed to ensure we have a meaningful relationship across the whole of the community we serve. Our intent is that this relationship will be two-way, productive and with a high level of open communication. The impact of our strategy will be that when the community needs us they will know what services we provide and have confidence that those services will be there for them. They will also know that their feedback to us will improve what we do and that their involvement (whether through financial support, other types of assistance or advocacy) sustains us. The challenge we face is that the base of good community engagement is the development of trust, and this takes time and needs to be sustained over the long term. We therefore need to ensure that we have sufficient staff resources to undertake well planned and effective community engagement activities. We also need to support every board, paid or volunteer staff member to assist with promoting mutually beneficial relationships between us and our various communities in whatever form, size, location or make up they may be.'

## Volunteers

Our volunteer strategy involves recognising that volunteers have been and will continue to be the essential backbone of our hospice despite an environment in which the very nature of volunteering is changing. Our intent is to effectively and efficiently harness the skills, capability and time that all people willing to volunteer can provide and for their experience as a volunteer to be one which enables them to become advocates for us in the wider community. The impact our strategy plans to achieve is the attraction, engagement and continued availability of a sufficient pool of volunteers who find it easy to provide their services on a voluntary basis. The key challenge we face is to maintain and develop that pool.'

## Values & Behaviour

The purpose of reviewing, refining and articulating our values and behaviours is to foster a workplace culture, built on principles that we all believe in, which will support us into the future. Our intention is to strengthen our shared understanding of how we will go about doing things. The impact of this will be a culture, values and set of behaviours that are relevant to us now and into the future. There are many challenges associated with shaping workplace culture and our biggest challenge will be the time it will take to gain a collective agreement and understanding.'





# Our Priorities

Our five key areas in detail



## Model of care

Around 70% of all people supported by our services choose to be cared for and die in their own homes. For those who are usually without family support or have an older infirm family member (about 20%), aged residential care becomes the appropriate place for their end of life care. For the remaining 10%, who are often those with complex needs requiring regular or intensive medical support or younger people, neither home nor aged residential care is appropriate. In these cases, hospital becomes the best place for end of life care.

Our role as a comprehensive specialist palliative service is to **support and provide education to the patient, family/whānau and care staff wherever they may be** – home, hospital or residential care. This support takes the form of education programmes, 24/7 specialist nursing advice, access to a specialist palliative medical service (from the Waikato Regional Palliative Service based at Waikato Hospital), social support, emotional, spiritual and volunteer delivered assistance.

Our approach embraces the Māori model of health – **Te Whare Tapa Whā\***. Te Whare Tapa Whā was developed by leading Māori health advocate and researcher Professor Sir Mason Durie in 1984. It considers health in terms of a whare (house). The whare, known as Te Whare Tapa Whā, has four walls and each wall represents a different dimension of health – taha tinana (physical health); taha wairua (spiritual health); taha whānau (family health) and taha hinengaro (mental health). All four walls are needed, and must be in balance, for the house to be strong. This means that taking care of your physical health is important, but to live your best possible life, you also need to pay attention to your mental health, spirituality and the strength of your whānau.

Experiences for all people entering palliative care are now so different from diagnosis to death and (for the family/whānau) the grief process beyond, that **services need to be delivered in more people-centred ways**. Our model of care is one of ‘flexible responsiveness’, which means our services are delivered through an individualised, coordinated plan across all services needed by the patient and their family/whānau. This provides reassurance to patients and their family/whānau that they can have care individualised to their personal and changing needs.

Our service provides both home visits and day centre services within its model. Maintaining these face-to-face contacts and relationship building activities establishes the critical **circle of support**. This circle of support enables patients and their family/whānau to be physically and mentally supported to remain at home, for as long as possible, with caregivers who view the experience positively and would do it again. By focussing on what matters most, our clinical and family support teams concentrate on providing expert advice, support and comfort for the now.

This individualising of care has resulted in a collaborative approach between us and other providers of services who support our patients. This enables an additional emphasis to be put on supporting both the patients and their family’s emotional and social needs, activities of daily living and intervening early to minimise stress and concern. Collaboration like this reflects palliative care best practice, a strong sense of community engagement and is reflective of a culture where shared values of compassion, respect, trust and excellence reside.

## Overarching philosophy

Our overarching model of care philosophy is:

**"You matter because you are you and you matter to the last moment of your life, and we will do everything we can, not only to help you die peacefully but to live until you die"**

- DAME CECILY SAUNDERS *FOUNDER OF THE MODERN HOSPICE MOVEMENT*

We will achieve this by ensuring that our patients and their family/whānau get the care and support services they need, delivered by those who can deliver them the best, when and where they need them.

### This ensures that we ...

... concentrate on the patient and their family/whānau as the unit of care

... preserve an all-inclusive approach by underpinning our model with the four keystones of the Māori model of health/wellness Te Whare Tapa Whā\*

... are flexible, responsive and individualise care to reflect our patients and their family/whānau changing needs.

... centre our efforts on patient care coordination, raising knowledge levels and relationship building across all stakeholders. In particular, building effective relationships between health professionals, the patient and family/whānau.

A diagram presenting the overarching philosophy of our model of care is at Figure 2.

## Our priorities

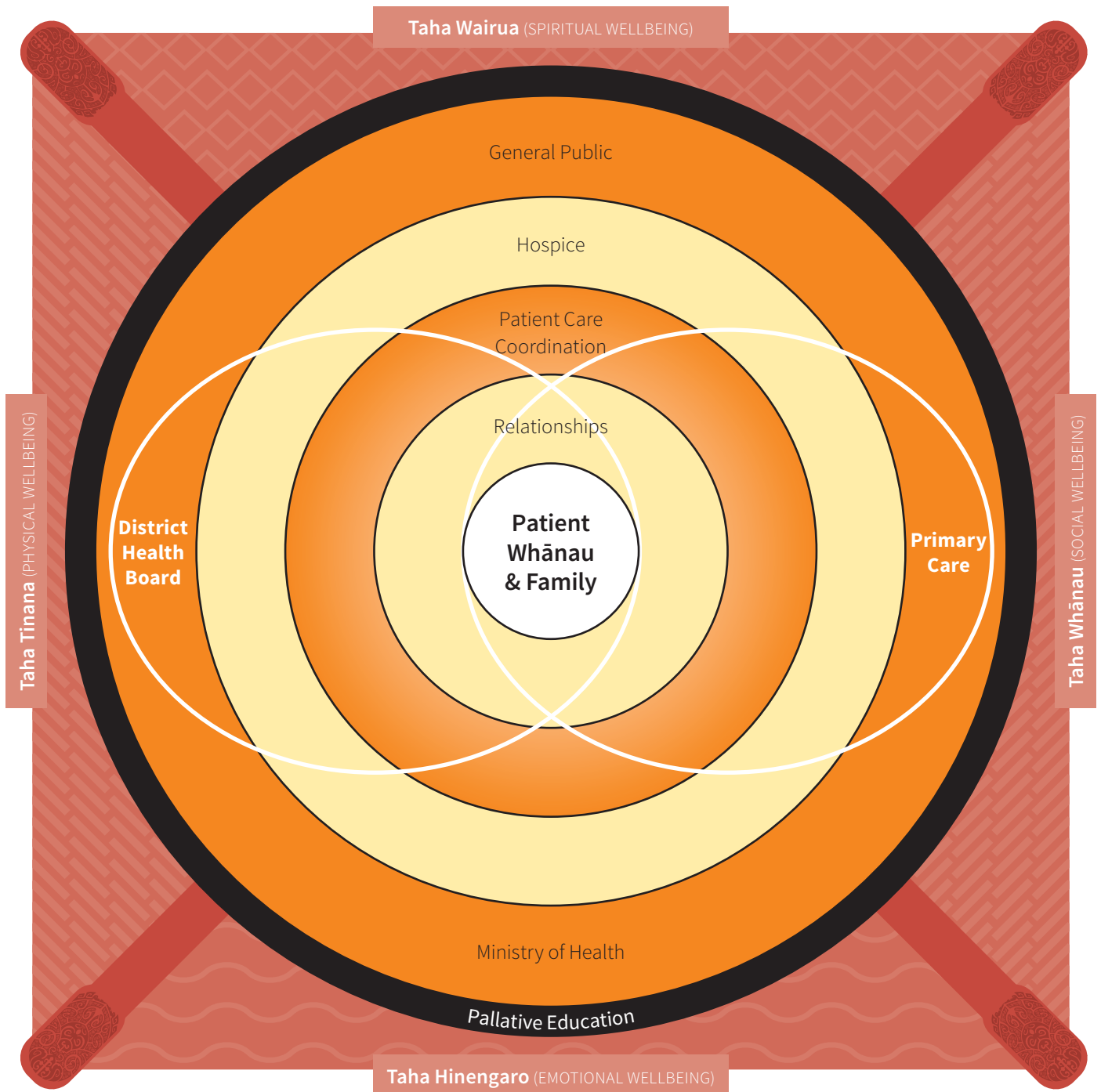
Our initial priorities are:

- Formalise and finalise our Clinical Services Policy
- Formalise and finalise our Clinical Services Delivery Plan
- Establish and implement a set of patient and family-centred quality improvement outcomes. In the current absence of nationally agreed measures these will at least complement the national direction and provide relevant feedback on patient and carer satisfaction. We will then use this feedback to improve our services and activities.
- Implement Te Ara Whakapiri\* into our practice. Te Ara Whakapiri provides principles and guidance for the last few days of life and defines what adult New Zealanders can expect as they approach the end of their life. It is a statement of guiding principles and components for the care of adults in their last days of life across all settings, including the home, residential care, hospitals and hospices. We see Te Ara Whakapiri as an important element within the wider context of the palliative care services we provide.



## Model of Care at Lake Taupō Hospice

FIGURE 2



# Revenue

As a registered charity which has supported those with life limiting conditions **since 1983**, a proportion of our operating income (approximately 38%) comes from the Lakes District Health Board with the remainder from shop income and assorted donation, grant and fundraising activities.

In the past we have relied on our reputation and exemplary quality of service delivery to make the case for public and donor funds. Today, those arguments alone are insufficient.

There are many high-quality not-for-profit providers of essential health and social services vying for government funding. Securing contracts with health authorities requires high levels of evidence that the provider is delivering both efficiency and effectiveness. Health funds are proportionally covering less and less of operating expenses.



Traditional fundraising approaches (events, street appeals, direct mail campaigns etc) are quickly becoming inadequate. Grant applications are becoming increasingly competitive coupled with a reduction of available funds from previously dependable grant and business donors. The volunteering environment, which has always been the backbone of the organisation, as well as a way to maintain lower operating costs, is rapidly changing. This means that it is critical that we shift our dependence from these relatively hand-to-mouth sources **to ones which provide us with some funding independence** that we can exercise more control over.

With a recognition that there will be an ongoing growth in demand for hospice services, coupled with well acknowledged future challenges in the form of fundraising and volunteer availability, long term financial sustainability is essential. Without adequate, sustainable funding we will not exist.

We have therefore needed to rethink our approach. Successful not-for-profits have a nimble, relationship-based approach which harnesses modern forms of giving, creates new and imaginative income generation solutions and provides real opportunities for values-based philanthropy.

Our revenue strategy reflects how we will **realign and retarget our efforts** towards sustainable, repeatable and more predictable forms of income generation.

**Our community has been the foundation of our income generation.** We must acknowledge that even though we will continue to need and desire their financial support, their generosity is a finite contribution within a constantly growing requirement. To reduce this growing burden, we must not only diversify our income sources but encourage our community contributions into more regular donation patterns.



## Overarching philosophy

Our overarching model of care philosophy is:

**"Our day to day operating costs will not exceed 80% of the income we receive from our predictable and reliable income sources"**

### This ensures that we ...

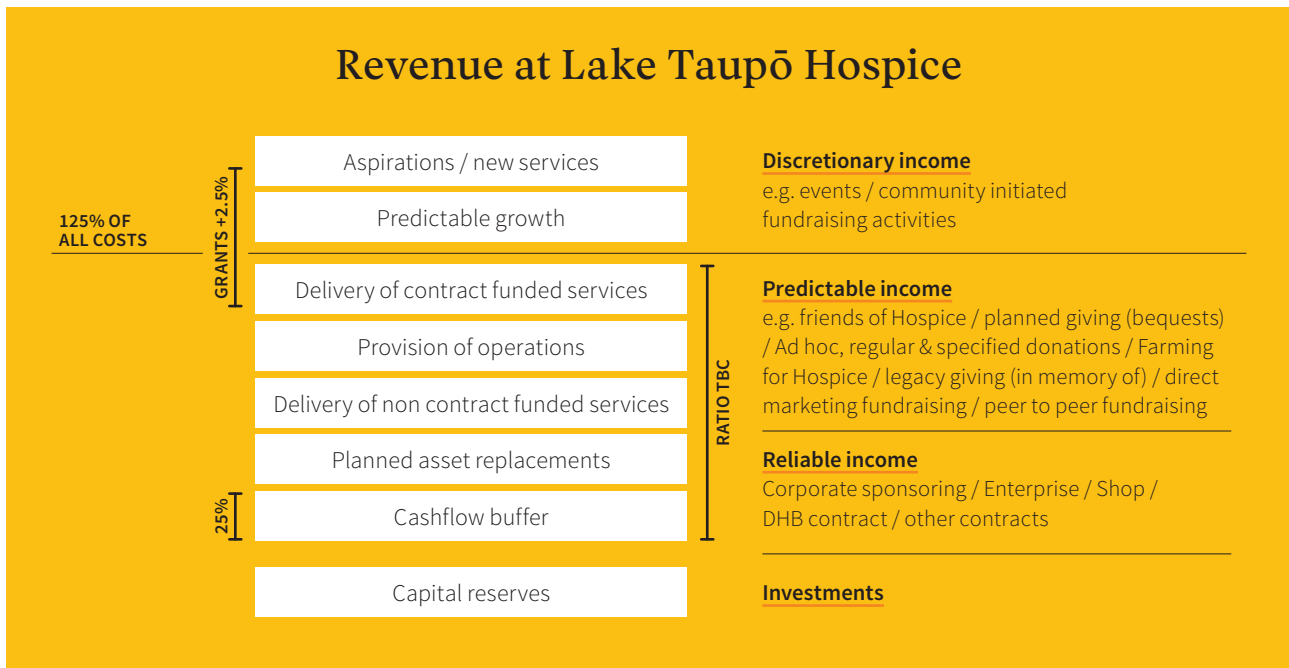
... prioritise the development and growth of predictable and reliable forms of income generation over undertaking activities which rely on a discretionary spend. This is to ensure a sustainable revenue channel which provides a sufficient day to day surplus to manage our costs as well as having a reserve to manage the peaks and troughs of cashflow.

... contain costs by linking our spending to a percentage limit in relation to each form of income. This means that we can't increase costs if we can't increase income from the described sources.

... create an innovations fund for the development and implementation of new services from our discretionary income sources. This reminds us that we need to keep growing and adapting within the context of a clear understanding of the impact of new services on the overall cost of operation.

A diagram presenting the overarching philosophy for our revenue area of focus is at Figure 3.

FIGURE 3



## Our priorities

Our initial priorities are:

- To acknowledge the necessity of an ongoing financial contribution from our community but to realign this contribution to focus more on regular giving programmes. This will enable us to better predict and manage our finances.
- To grow new and existing predictable and reliable income streams, including exploring new contractual relationships with a broad range of providers and government agencies to maximise their contribution to revenue.
- To transition towards new enterprise opportunities as a major source of predictable and reliable income
- To adopt a robust, process led approach to new initiatives or new spending. This will include the establishment of a clear clinical/organisational case, alignment to the priorities in this strategic document and an 'options-led' financial business case.

## Community Engagement

There is no universally agreed definition of community engagement. Different organisations have different definitions dependent upon their specific perspective. However, it is widely agreed that successful community engagement

is not primarily about increasing income. It does however, underpin how the community understands and relates to an organisation and therefore sets the environment in which giving can take place. Fundamentally, successful community engagement is about having impact and therefore involves **high levels of communication, connection and cooperation.**

We see community engagement as a framework of guiding principles, strategies and approaches which references the many ways in which we can and should connect with our community on a day-to-day basis. These different connections will then influence and shape how our services and our programmes look in the future.

The elements, directions, key threads and pathways contained within He Korowai Oranga\* will guide our community engagement principles and strategies both generically and specifically when engaging for health outcomes.

Most importantly we see building community connections as an **ongoing cumulative process which enables relationships and trust** to build and strengthen over time.





A key part of understanding what community engagement is and is not, is that of understanding exactly who the ‘community’ is that we are engaging with. The word ‘community’ can mean a lot of different things to different people.

Our interpretation of community engagement is grounded in the concept of building relationships with those who will work side by side with us. This means that we recognise that **we do not work with just one community but with and within multiple communities** – irrespective of whether we choose to define them as stakeholders, interest groups, whether they are geographically co-located, have similar interests or affiliate or identify with a particular point of view. We recognise and respect that to initiate valid relationship building we need to show consideration to the diversity that exists not just between these different communities but also within them.

We will be thinking about those we are engaging with based on what we are trying to accomplish. Therefore, our definition of community will be contextual. We will also consider the fact that our communities are not static entities. People inhabit multiple and different communities over time and will want different things or have different perspectives over time. We recognise that this constantly changing dynamic can pose challenges for us and the services we provide.

## **The base of good community engagement is the development of trust**



We will therefore also use our community engagement endeavours to ensure that we are aware of these changes and use them to shift and adapt our services, communications and engagement processes accordingly.

We see community engagement as both a process and an outcome. It covers all aspects from decision making, relationship strengthening and increasing knowledge and awareness of what we do. We will be clear about why we are doing it, clear about the community (in all its complexity) we are engaging with, and clear at the outset how our community engagement will actively impact on our decisions the services we provide.

We acknowledge that **the base of good community engagement is the development of trust**, and this takes time and needs to be sustained over the long term. We agree that openness in both our communications and actions, as well as delivering what we promise is fundamental to developing community trust in us.



## Overarching philosophy

Our approach to community engagement activity will be twofold:

**We will use an adapted version of the Capire Community Engagement Triangle\* to clarify the intent of our engagement**

and:

We will use the following overarching philosophy to determine **how** we will go about engaging:

**"Embracing and engaging all our community with compassion and action by listening, inspiring, informing and connecting"**

### This ensures that...

... by using both methods in conjunction with each other, our engagement activities will have transparent objectives and a clear sense of how the engagement outcomes will inform and shape our future actions

... we take a holistic and inclusive approach to all engagement activities paying particular attention to having a clear definition of the community being engaged with

... we are open-minded and non-defensive in our engagement

... the outcome of engagement is action

A diagram presenting the overarching philosophy for community engagement is at Figure 4.

### Our priorities

Our initial priorities are:

- To promote the overarching philosophy and improve consistency in its use within the Board, permanent and volunteer staff members so that it becomes a normal part of our activities
- To create enough internal resources to implement, refine and sustain a high level of broad community engagement activity
- To create outcomes to measure the impact of community engagement activity

## Community Engagement at Lake Taupō Hospice

FIGURE 4

Us engaging with the community

The community engaging with us

### What are we trying to achieve?



### How will we achieve it?

By embracing and engaging all our community with compassion and action by listening, inspiring, informing and connecting.



# Volunteers

The landscape for volunteering has changed and is continuing to change quickly and dramatically. **Our organisation's very foundation is based on volunteer effort and our need for volunteers remains high.** Having an approach which adapts to and reflects these changes is critical for volunteers to continue to be a significant part of our future.

Our 'traditional volunteer' has been the active retiree mainly giving a fixed number of hours each week to a defined work area, and our services that are predominantly undertaken or supported by volunteers reflects this. However, this group of volunteers is under a range of growing pressures and our need for different types of volunteers is changing too.

For some of these 'traditional volunteers' the economic climate is necessitating that they work longer or undertake the role of 'grandparent as carer' while other family members work, reducing their availability. Those who are volunteering tend to be volunteering for multiple organisations which limits our ability to secure more of their commitment. Travel often plays a key part in their year, especially during the winter months. This can lead to many of them being absent at the same time and usually for extended periods – putting pressure on service delivery.



The skills necessary to deliver an adaptable and up to date service are constantly transforming. Many our volunteers have high value professional skills which we could (but currently don't) harness. The growth of communications technology opens opportunities for remote, project based or skills-based volunteering where location is no longer a barrier. Younger generations are 'cause' savvy and skill and experience hungry. **We need to find creative and enticing ways to incorporate them into the work we do.**

As the challenges for our organisation become more complex, the necessity for us to engage our whole, broad community in volunteering grows. There are many people in our community who would like to volunteer but do not come from our traditional volunteer base. We will openly seek flexible opportunities which will result in increasing the diversity of our volunteer workforce so that our community can benefit from the unique personal experiences they bring. Consequently, our volunteer membership will become more representative of our community; have access to different

personal and professional qualities, skills and perspectives; increase our credibility, reputation and engagement within our community and promote mutual respect, tolerance and understanding.

Where volunteering for a specific organisation was once the result of a personal connection, motivations are changing. The ‘time-poor-but-skill-rich’ individual is seeking projects or issues-based volunteering opportunities. Other demographics of volunteers are seeking opportunities to gain skills, improve employment prospects or demonstrate social responsibility. There is a growing desire for ‘family based’ volunteering opportunities.

**We need to capture this new potential** and to do that we need to be adaptable, flexible and open-minded to the definition of volunteering. It also means we need to proactively rethink the

roles we make available to volunteers including engaging them in relevant and meaningful skill-based opportunities which provide high levels of satisfaction and achievement. This is often different to roles traditionally considered as those appropriate for volunteers.

**Our overarching philosophy reflects this need to actively embrace the new trends in volunteering** – most especially e-volunteering, corporate volunteering, family-based, project centric and skill development volunteering. It focusses on harnessing the opportunities presented from these new approaches as a way of complementing and supplementing – but very specifically not replacing – our traditional volunteer group.

## Overarching philosophy

Our overarching volunteer philosophy is driven through four pillars:

**Multigenerational volunteering is the norm**

**Volunteering and volunteers are advocates for Lake Taupō Hospice**

**Volunteering and being a volunteer is easy**

**Capacity and capability meet future needs**

These pillars are bonded together by an environment of ***recognition and appreciation***.

## This ensures that we ...

... actively consider the different benefits that each generation and a broad diversity of volunteers can bring to our volunteer pool. It means we design for, promote and harness these benefits within our organisation. It also means that we positively promote a culture which appreciates the value of different generations and those with different perspectives working together.

... recognise that volunteers who are actively engaged in working with us are our greatest advocates within the community. Ensuring they are well informed, up to date and have a satisfying experience is therefore to our benefit – both in terms of recruiting new volunteers and in promoting an atmosphere for positive giving.

... will work hard to reduce barriers to volunteering. We will build flexible approaches, put convenience for the volunteer above convenience for us and be vigilant against unnecessary bureaucracy.

... stay up to date with current and future trends in volunteering and take account of these when we are planning. The ability to recruit and retain suitably skilled volunteers is a primary decision maker when considering plans and activities.

... are mindful of and genuinely value the unique contribution made by each volunteer. We do this formally and informally in an ongoing and sustained way. We show appreciation to our volunteers by ensuring we provide everything they require to do their role well and support them while they do it.

## Our priorities

Our initial priorities are:

- To review our entire organisation from a volunteer perspective to identify where we need to adapt current, or have the potential to create new, volunteer opportunities which better respond to the future demands of the volunteer environment
- To continue to refine our record keeping in regard to our active volunteers, their skills, capabilities and interests and level of volunteer commitment. This, along with our review of volunteer opportunities, will reveal the gaps in our current volunteer pool and areas where services may be at risk.
- Create and implement a targeted recruitment plan to fill identified gaps (both new and existing opportunities) as well as areas of risk inherent in our current volunteer pool with growing multi-generational volunteering as the key approach.
- Implement a high quality and flexible education programme for volunteers which not only enables them to effectively carry out their roles, but also supports them in gaining a broad understanding of the work we do.

FIGURE 5

## Volunteers at Lake Taupō Hospice

### Recognition and appreciation

Multigenerational volunteering is the norm

Volunteering and volunteers are advocates for LTH

Volunteering and being a volunteer is easy

Capacity and capability meet future needs



# Values and Behaviour

Strategy, objectives and values are the foundation of every organisation. Accepting that our strategic direction is now developed and defining our specific annual objectives are currently in progress, our focus turns to exploring the values and behaviours which will transform these into reality.

Our existing purpose, mission statement, values and philosophy were formalised in 2013 through a process of focus groups, discussions, consultations and engagement activities with the board, staff, volunteers, patients and their families/whānau. Those foundation principles and beliefs are honoured and reflected throughout this document **as they are the platform from which we are evolving into the future.**

We clearly acknowledge that a shared understanding of “how we do things round here” needs to be at the heart of what we do and how we go about doing it. We also acknowledge that as we mature as an organisation, as our environment changes and people come and go, we need to regularly reflect on how we work and engage with each other.

By revisiting our principles and beliefs we will find new connection points that will enable everyone to feel part of the journey, without losing the spirit which our original core values conveyed. Taking the time to reflect on our unique culture, update our story and refine our understanding of who we are, **keeps our behaviours and ethics relevant to the challenges we face** and give us collective strength as we move into the future.

## This will ensure that...

- ... we have a workplace culture built on principles that we believe in
- ... everyone takes part in defining our culture
- ... discussion of our culture is open and non-defensive
- ... our culture, values and behaviours honour the past, are relevant to us now and will support us into the future
- ... we have an agreed way to positively reinforce behaviours which support what we believe in alongside ways of challenging those that don't

## Our priorities

Our initial priorities are:

- To initiate dialogue around the role of values and behaviours in shaping culture across all board, staff and volunteers
- To develop an agreed process for reviewing, refining and articulating set of values and behaviours which we all believe in
- Articulate a refreshed set of values and behaviours which will define “how we do things” in a way which is relevant to the challenges we face whilst staying true to our foundation principles and beliefs.





# The Journey

Getting us from here to there –  
integrating the strategic direction  
into daily operations





Implementation of any strategic direction causes change and change is never easy.

Everyone reacts to change in different ways.

We know that one of our biggest challenges in terms of implementing our strategic direction will be having the capacity, capability and commitment to deliver what we have set out to do. Having the right resources and enough of them is key and this means that we will need to invest in gaining them.

**We also know that we need to support our staff and volunteers during this time so that their wellbeing and faith is preserved.**

Ultimately though, we will need to have confidence in our planned direction sufficient to keep us pushing through, even when the reality of change threatens to overwhelm us.

Now that our strategic direction is clear, it is time to instigate operational implementation. Implementation is the process that will turn our plan into action. Critical actions will move us from our strategy being just a document that sits on the shelf to the desired destination we have set out for growing our organisation. Since we have spent time determining the **what** and the **why** of our future it is now time to address the **who, where, when** and **how**.





## The question of capacity and capability

We are very clear that our strategic direction must deliver practical, actionable recommendations for it to be useful. Central to the success of implementation is ensuring we have the capacity, capability and commitment to achieve what we have set out to achieve.

We need to be clear about what our fundamental strengths and weaknesses are because **our goal is not a 'pretty plan' – it is a stronger organisation that can raise resources and deploy them effectively to deliver our services.**

We face, like all not-for-profit organisations, intense capacity constraints. It is a constant challenge for us to keep overhead expenses in line whilst moving towards sustainability. We are being continually asked to do more. It is therefore not possible to just stand still – we can either invest in getting better or, by changing nothing, we will only get worse. If we have any intention at all of being successful we cannot avoid the thorny subject of needing the capacity that comes from having enough people resources to do the work.

However, it is not just about sufficient capacity. Within that capacity we recognise that we also need to have the appropriate capability (skills and resources) to accomplish our goals. These include the right internal structure; technology literacy; financial competence; strategic leadership; process and operational management; technical, clinical and relationship skills; working practices and shared values. Evaluating our current capability strengths, gaps and opportunities in relation to our strategic direction will help us determine what we will need to complete our roadmap to improvement.

We know that all these core capabilities are closely linked, and we are clearly aware that improving just one factor in isolation will not help us achieve our desired result. We also know that having a strategic direction without a willingness to attend to the organisational changes necessary to implement it is also not a recipe for success. The strategic planning process involves tough decisions – it must be fundable but also executable.

## Adaptability

We know that introducing change is never easy. **Everyone responds to change in a variety of ways** – some react positively and see it as a challenge that they are keen to rise to, where others feel uncomfortable because it brings with it the unknown. We also know that at times each one of us will at some point feel both these emotions. We accept that it is natural for people to view change firstly from the perspective of their personal security (“what does it mean for me?”) and then secondly from the needs of the organisation. As we implement our strategic direction it is essential to remind ourselves that

these reactions are a normal part of the process, but that we must also implement change in a way which minimises personal stress and be willing to provide whatever support is necessary to enable each staff member to maintain a personal sense of wellbeing throughout the journey.

In the turbulent time between ‘here’ and ‘there’, where the ‘old way’ seems abandoned and the positive results of the changes are not yet obvious, we understand that it is common for everything to seem chaotic. We concede that this will be the point at which we as a board and

leadership team must be most clearly focussed on what we want to become. We must trust and have confidence that our direction – created at a time when emotions weren’t running high – is achievable and we know that we will need to hold our nerve and push through.

Today’s challenges require a new mindset. It requires us to figure out how to integrate the new and the different with the old and the reliable. Sometimes this will mean abandoning some historical wisdom to transform. At times the task may be difficult, the procedure a bit cloudy, and the outcome imprecise – **but we will need to keep moving forward even if the ride becomes a bit bumpy.** In the final analysis we have no choice – we must embrace change. To continue to do the same thing repeatedly while expecting a different result is foolhardy.



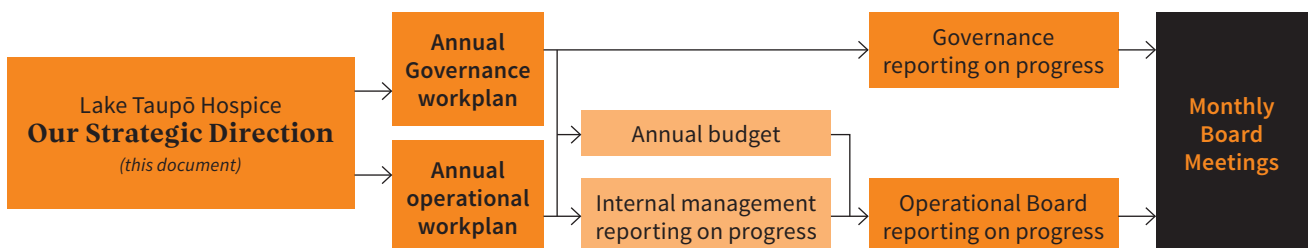
## Next steps

Our next step is to fully review our capacity and capability to deliver our strategic direction. We also recognise that we will need to work on communicating and embedding our strategic approach into all work areas. Concurrent with this we will embark on a programme of action.

Working with staff we will set specific measurable objectives that both support and enable us to achieve the key priorities outlined in this document. These objectives will initiate a series of tasks which together will shape our

operational work plan for the year. The content of this workplan will inform and be reflected in our annual budget setting process.

Once the operational work plan is set, the internal and board reporting processes will be aligned to it. Internal reporting will ensure that there is effective day-to-day management of activity to guarantee progress. Board reporting will enable good governance oversight to confirm ongoing alignment to the overall strategic direction.







# Glossary

An explanation of terms followed by an asterisk [\*] can be found in this glossary

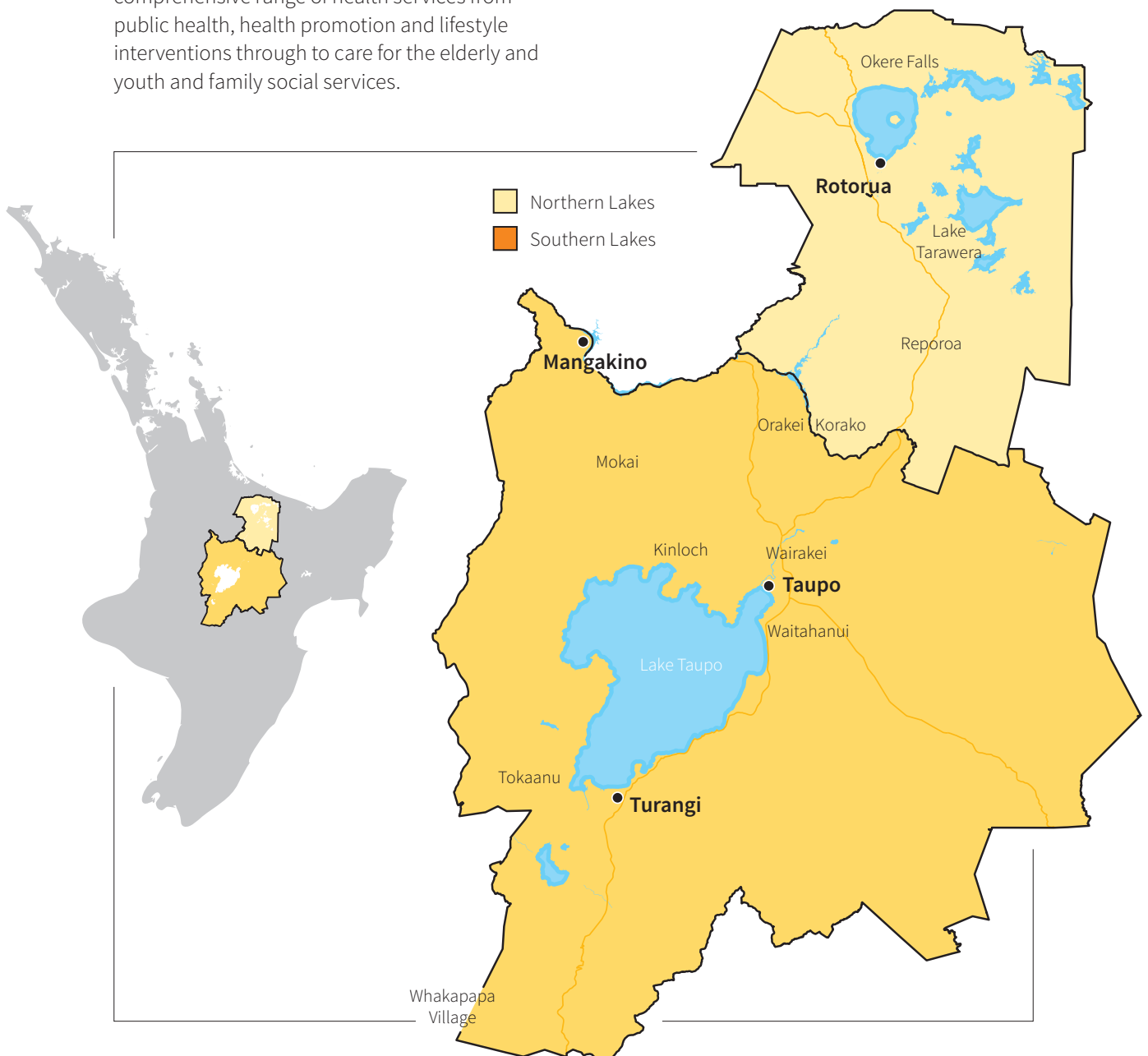


## Tūwharetoa Health Services

Tuwharetoa Health is a kaupapa Māori health provider delivering a range of services to the Turangi, Taupo and Mangakino communities. Their vision is to improve the health of all those who reside in the rohe of Ngāti Tūwharetoa and are guided by the values of whanaungatanga and manaakitanga. They provide a comprehensive range of health services from public health, health promotion and lifestyle interventions through to care for the elderly and youth and family social services.

## Our area

Our services cover the area known as ‘Southern Lakes’ and services a population of approximately 32,000 people. As you can see from the map below a large proportion of our area is rural. This means our clinical and family support teams travel thousands of kilometres every year.



## ✿ Te Whare Tapa Whā

Te Whare Tapa Whā was developed by leading Māori health advocate and researcher Professor Sir Mason Durie in 1984, to provide a Māori perspective on health. It provides a useful way for Māori to think about health, as a whare.

The whare, known as Te Whare Tapa Whā, has four walls and each wall represents a different dimension of health - taha tinana (physical health); taha wairua (spiritual health); taha whānau (family health) and taha hinengaro (mental health). All four walls are needed, and must be in balance, for the house to be strong. This means that taking care of your physical health is important, but to live your best possible life, you also need to pay attention to your mental health, spirituality and the strength of your whānau.

Te Whare Tapa Whā was developed in 1984 at Hui Taumata in response to Rapuora, a piece of research undertaken 1978– 1980 by the Māori Women's Welfare League that uncovered the issues and barriers Māori were experiencing in health. These experiences had led to disengagement with health professionals and were resulting in a declining health status – the primary barriers were around the lack of spiritual recognition and perceived racism. Te Whare Tapa Whā became the conceptual framework to support health practitioners improve their engagement with Māori and for spirituality to be more readily acknowledged.



## ✿ Issues based strategic planning

Issues based strategic planning focusses on the 5-7 key issues facing an organisation. This approach positions an organization for successful outward-looking and longer-term planning whilst maintaining a focus on improving the organisation. This practical approach also helps develop a shared skill set which is necessary for robust strategic planning

## ✿ Alignment based strategic planning

Alignment based strategic planning focusses on ensuring that the organisation's internal/ departmental plans not only achieve a planned overall goal but that key threads are consistent across the whole organisation. As organisations mature it is easy for elements within it to work independently (in silo's). Alignment based planning takes a wholistic view of activities to ensure that they are being achieved in a congruent manner throughout the organisation.

## ✿ Te Ara Whakapiri

Te Ara Whakapiri: Principles and guidance for the last days of life defines what adult New Zealanders can expect as they approach the end of their life. It is a statement of guiding principles and components for the care of adults in their last days of life across all settings, including the home, residential care, hospitals and hospices.

## ✿ Capire Community Engagement Triangle

Capire Consulting Group (2015).  
*The Engagement Triangle*.  
Victoria: Capire Consulting Group.  
Retrieved from [www.capire.com.au](http://www.capire.com.au)

## He Korowai Oranga

He Korowai Oranga: Māori Health Strategy sets the direction for Māori health development in the health and disability sector. The strategy provides a framework for the public sector to take responsibility for the part it plays in supporting the health status of whānau.

Whānau (kuia, korua, pakeke, rangatahi, and tamariki) is recognised as the foundation of Māori society and therefore a principle source of strength, support, security and identity. Whānau plays a central role in the wellbeing of Māori individually and collectively.

Ke Korowai Oranga asks the health and disability sectors to recognise the interdependence of people; that health and wellbeing are influenced and affected by the ‘collective’ as well as the individual, and the importance of working with people in their social context and not just with their physical symptoms.

The elements, directions, key threads and pathways of He Korowai Oranga are the health system’s guide to improving Māori health and realising pae ora – healthy futures.

