

Pilgrims Plan 2011-2012

Introduction

Pilgrims Plan is the means by which the Senior Managers within Pilgrims Hospices will manage and drive forward the day-to-day operations to ensure that the Strategic Objectives of the Board of Trustees. As a foundation document “The Way Forward” will remain extant for some time. Pilgrims Plan, as a working document, will be subject to more frequent review, and updates will be issued as required. Accountable Individuals should forward any amendments or suggestions for improvement to the Chief Executive at any time.

Overall Performance Plan Management


The Chief Executive is responsible to the Board of Trustees for:


- Overall coherence across the plan
- Overall delivery of the plan
- Reporting on overall progress


Nominated Accountable Individuals of objectives within the plan are responsible for the appropriate planning and management of work, and for the ultimate delivery of objective outputs or outcomes.


Reporting Instructions for the Performance Plan


Performance against the objectives will be reviewed on a quarterly basis by the Operational Management Board, who will decide what needs reporting to the Board of Trustees. Performance reporting against the objectives is to be assessed using the following criteria:

Satisfactory On target/>95% of target * 
Performance on target

Minor Weakness <95% but>90% of target * 
Small variation from target

Serious Weakness <90% but>85% of target * 
Significant variation from target.
Board action may be required.

Critical Weakness <85% of target * 
Major variation from target. Board action required.

Not yet developed or not yet available * 

No data available or no report required * 

*Note: Where criteria differ from the above generic assessments they will be specifically stated within the performance indicator.

Accountable Individuals are to forward a simple e-mail or telephone message to the Chief Executive within three weeks of the end of the quarter informing him of the “colour code” for each objective. It is recognised that for certain objectives Accountable Individuals will be unable to report until effective reporting processes are developed.

Detailed Objectives and Timetables

Objective 1: Increase numbers of patients and equity of access to hospice services, particularly the number of patients referred with a diagnosis other than cancer

Objective	Target	Performance/ Success Indicators	Accountable Individual	Report
1.1 Increase overall referrals	FY11/12 2100	Number of referrals	Hospice Managers	
1.2 Increase referrals (non cancer)	FY11/12 490	Number of Referrals	Hospice Managers	

Objective 2: Ensure the delivery of flexible and responsive services, including new models of working and service delivery

Objective	Target	Performance/Success Indicators	Accountable Individual	Report
2.1 Ensure in-patient facilities are used to optimum effect	80%	Occupancy	Hospice Managers	
2.2 Improve patient/clinical record keeping	65% in FY 11/12 75% as a minimum thereafter	% overall compliance of patient care plans	Hospice Managers	
	65% in FY 11/12 75% as a minimum thereafter	% of patients with advance care plans in place	Hospice Managers	
	65% in FY 11/12 75% as a minimum thereafter	% of patients with preferred priorities of care complete	Hospice Managers	
2.3 Revise Day Hospice, Clinics and programmes to maximise usage	65% in FY 11/12 75% as a minimum thereafter	% occupancy of day hospice, clinics and programme	Hospice Managers	
2.4. Revise local action plan to progress any appropriate remaining recommendations from recent reviews	By 30 Sep 11	Plans revised	Hospice Managers	
2.5 Increase the number of people who die at home	FY 11/12 400	Number of patients achieving PPD at home	Hospice Managers	

2.6 Deliver Rapid Response Hospice at Home services	FY 11/12 800	Number of patients cared for at home	Associate Director RRH@H	
	FY 11/12 8500 hours	Number of hours of care provided		
2.8 Review the referrals, admissions and discharge policy, including respite	31 Mar 12	Strategy revised and ready for implementation	Hospice Manager PHC	
2.9 Develop and monitor clinical performance	Less than 50	Number of upheld complaints/adverse comments	Hospice Managers	
2.10 Ensure adequate office, reception, clinic and patient accommodation	By 31 Mar 12	PHC – reception refurbished and other changes made	Hospice Manager	
	By 31 Mar 12	PHA – kitchen re-furbished	Hospice Manager	
	By 31 Mar 2012	PHT – Install fit for purpose clinical rooms and improve other areas	Hospice Manager	

Objective 3: Take a stronger leadership role in specialist palliative and end of life care

Objective	Target	Performance/Success Indicators	Accountable Individual	Report
3.1 Work with the NHS, Social services, other hospices and voluntary agencies keeping abreast of developments around co-ordination of palliative care services	100% contact	Attend appropriate partnership and cross sector meetings that facilitate the delivery of the hospice plan	Director of Medicine and Research/ Director of Nursing and Future Development	
	100% contact	Strengthen relationships with GP cluster groups and consortia as they form and maintain a presence in the transition functions, including the Kent & Medway PCT cluster and SHA where appropriate	Director of Medicine and Research/ Director of Nursing and Future Development	
3.2 Progress plan for the co-ordination project	30 Jun 11	Gain stakeholder buy-in	Director of Medicine and Research/ Director of Nursing and Future Development	
	Jul 11	Access pump priming resource		
	Jul 11	Internal Business Case to Board		
	Sep 11	Establish Project Board		

3.2 Develop concepts and proposals for innovative service delivery in line with EoLC Strategy	31 Dec 11	Report to Operational Management Board	Hospice Managers	
3.3 Develop a programme of research into aspects of specialist palliative and end of life care	2009-12	Complete and report research evaluation of Rapid Response Hospice at Home Project	Director of Medicine and Research	
	2014	Completion of research into holistic assessment and needs of COPD patients. Proposal and piloting of new model/intervention for COPD patients.	Director of Medicine and Research	
	2011	Network specialty research group to recruit to portfolio studies and achieve substantial CLRN funding	Consultant PHT (chair)	
	2011	Submit research proposal for palliative care intervention in Care Homes for funding	Director of Medicine and Research	
	2012	Develop research proposal for palliative care in dementia	Consultants PHT/PHC	
3.4 Deliver a programme of education and training for professionals as part of our	31 Jul 11	Revise Education and Training Strategy	Education and Training Manager	
	31 Aug 11	Develop work plan for the department	Education and Training Manager	

wider educational support in specialist palliative and end of life care	30 Sep 11	Procedures produced to capture organisational training needs	Education and Training Manager	
	31 Dec 11	Publish rolling prospectus of internal and external Education & Training to the end of FY11/12	Education and Training Manager	
	28 Feb 12	Publish rolling prospectus of internal and external Education & Training for FY 12/13	Education and Training Manager	

Objective 4: Recruit, develop and retain a motivated and skilled workforce

Objective	Target	Performance/Success Indicators	Accountable Individual	Reports
4.1 Recruit to clinical team vacancies in line with new establishment	Numbers held less than 5% variance in each grade	The gap between numbers held and the establishment in each grade	Hospice Managers	
4.2 Reduce staff turnover	Less than 10%	Rolling 6 month average	All managers	
4.3 Reduce sickness absence	Less than 3.5% 90%	Rolling 6 month average % of part B forms completed accurately	All managers All managers	
4.4 Provide education and training to meet organisational needs	100% at Mar 12	Mandatory Training compliance Management Development planned and carried out	Education and Training Manager Education and Training Manager	
4.5 Carry out appraisals	100%	Ensure appraisal returns are made TNA updated following appraisals	Head of HR Education and Training Manager	
4.6 Develop and implement a volunteer process	31 Jul 11 80% Ongoing 80% of	Develop and maintain a suitable volunteer recruitment process Ensure database is up-to-date Develop volunteer systems as required Ensure volunteers	Head of HR Head of HR Hospice Managers/ Head of HR Hospice	

	volunteer records on donorflex	receive the minimum training to perform their role safely and effectively	Managers	
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Objective 5: Implement a proactive marketing and communications strategy

Objective	Target	Performance/Success Indicators	Accountable Individual	Report
5.1 Raise awareness of our services with healthcare professionals and the public	FY11/12 460	Number of non-cancer referrals	Chief Executive	
5.2 Improve internal communications	75%	% of personnel by key groupings who through the staff survey perceive internal communications meet their needs and expectations	Chief Executive	
5.3 Carry out staff survey	Jan 2012	Staff survey completed and results published	Chief Executive	
5.4 Use new media to build the charity's reputation for quality care, innovation and research	By 31 Mar 2012 to have attracted 1000 visitors	Number active on social networking platforms facebook and twitter	Chief Executive	
5.5 Upgrade our website and establish an intranet to make information easier to access	Attract 6000 unique visitors a month to our website Increase number of pages per visit to 4 Increase average time on site to 3 mins	Number of absolute unique visitors Number of pages per visit Average time on site	Chief Executive	

	Mar 2012	Intranet established		
5.6 Develop a wide range of online information about our services for the public and healthcare professionals	Start Sep 10	Launch and develop visual aids, video and mps files on line	Chief Executive	
5.7 Conduct a review of all literature and leaflets	Mar 2012	Review Completed	Chief Executive	
5.8 Establish PPE programme	Oct 2011	Programme established	Chief Executive	

Objective 6: Establish a modern information and communications system

Objective	Target	Performance/ Success Indicator	Accountable Individual	Report
6.1 Ensure disaster recovery system is in place	30 Sep 11	Installation of Servers and implementation of formal back up and disaster recovery routines and security protocols	Director of Finance and ICT	
6.2 Continue to develop Infoflex	31 Mar 2012	All patient data captured and reportable	ICT Manager	
6.3 Ensure connection to N3 delivers pathology and other clinical results to the hospice	31 Mar 2012	N3 accreditation renewed and all sites to have access to pathology. Pursuing radiology.	ICT Manager	
6.4 Utilise Summary Care Records	Apr 11	Commence use for patient care	ICT Manager	
6.5 Maintain a telephone system and call handling processes that are fit for purpose	Less than 30	Number of complaints/adverse comments relating to call handling	Chief Executive	
6.6 Upgrade fundraising, lottery and volunteer databases	30 Sep 11 31 Mar 2012	Phase 2 – Implement volunteer database Phase 3 – Decide Lottery options when contact expires	ICT Manager	

Objective 7: Generate sustainable funding

Objective	Target	Performance /Success Indicators	Accountable Individual	Report
7.1 Ensure annual outturn meets planned budget	Nil variance	Variance of Outturn from budget	Chief Executive	
7.2 Within agreed expenditure budget, increase income received from:				
Shops	FY11/12 £1.15M	Net income generated	Retail Manager	
Legacies	FY11/12 £2.0M	Gross income generated	Director of Finance and ICT	
Lottery	FY11/12 £511k	Net income generated	Lottery Manager	
Fundraising	FY11/12 £1.55M	Net Income generated	Chief Executive	
7.3 Obtain national average of NHS funding	FY11/12 33%	% of operating costs received from NHS	Chief Executive	

7.4 Find efficiency savings from Control of Cost project	£50k per annum	Costs saved	Director of Finance and ICT and Hospice Managers	
7.5 Maximise our ability to fundraise on line	FY11/12 £110k	Income received through the internet	Chief Executive	
7.6 Increase our major donor and trust income	FY 11/12 £222k	Income received	Chief Executive	