



## Pilgrims Plan



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## 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 Executive Team, who will decide what needs reporting to the Board of Trustees. Performance reporting against the objectives is to be assessed using the following criteria:

<b>Satisfactory</b>	On target/>95% of target *	
Performance on target		
<b>Minor Weakness</b>	<95% but >90% of target *	
Small variation from target		
<b>Serious Weakness</b>	<90% but >85% of target *	
Significant variation from target. Board action may be required.		
<b>Critical Weakness</b>	<85% of target *	
Major variation from target. Board action required.		
<b>Not yet developed</b>	or not yet available *	
<b>No data available or no report required *</b>		

\*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**

<b>Objective</b>	<b>Target</b>	<b>Performance /Success Indicators</b>	<b>Accountable Individual</b>
1.1 Increase overall referrals	FY09/10 1850 FY10/11 1900 FY11/12 1950 FY12/13 2000 FY13/14 2050	Number of referrals	Medical Director/Nursing Director
1.2 Increase referrals (non cancer)	FY09/10 250 FY10/11 300 FY11/12 350 FY12/13 400 FY13/14 450	Number of non-cancer referrals	Medical Director/Nursing Director
	Date tbi	Strengthen relationships with consultants	Consultants
	Date tbi	Strengthen relationships with specialist services	Consultants and CSMs
	Date tbi	Strengthen relationships with GPs	CSMs
	Date tbi	Strengthen relationships with Community Matrons	CSMs
	Date tbi	Strengthen relationships with Care Homes	CSMs
	Date tbi	Strengthen relationships with relevant charitable bodies	All managers
1.3 Review the outcome of St Christopher's Hospice work on dementia	On receipt	Identify and apply lessons learnt	Medical Director/Nursing Director

**Objective 2: Ensure the delivery of flexible and responsive services**

<b>Objective</b>	<b>Target</b>	<b>Performance/Success Indicators</b>	<b>Accountable Individual</b>
2.1 Establish a more effective and efficient MDT	Date tbi	Paper to be written and submitted to ET to include proposed revised work practices and processes	Consultants
2.2 Implement agreed recommendations from the Nursing Establishment and Skill Mix Review	Jun 09	Investigate why discharge planning works well in the Dover/Deal area and report to ET	Nurse Manager PHC
	Date Tbi	Establish improved admission and discharge processes, including the requirement for a discharge co-ordinator	Nurse Manager PHC
2.3 Ensure completed and up-to-date care plans	60% in FY 09/10 65% in FY 10/11 75% as a minimum thereafter	% overall compliance of patient care plans	Nurse Managers, CSMs
	60% in FY 09/10 65% in FY 10/11 75% as a minimum thereafter	% of patients with advanced care plans in place	Nurse Managers, CSMs
	60% in FY 09/10 65% in FY 10/11 75% as a minimum thereafter	% of patients with preferred priorities of care complete	Nurse Managers, CSMs

2.4 Complete final implementation of outcome of community service review	Sep 09	All agreed services up and running with increasing referrals per programme/per site:	CSMs
	15-20	Caring with Confidence Never to Late to Create Stress Reduction	
	5-10	Healthy Living Breathlessness Clinics	
	6-8 6-8 4-6 3-5	New patient Assessments	
	Oct 09	Produce interim report on evaluation of all services	CSMs
	Mar 10	Evaluate all services, including analysis of non-attendees	CSMs
2.5 Further develop community services	Dover bereavement group start Jun 09; others by Oct 09	Consider establishment of satellite services in Dover and the Romney Marsh, to include bereavement and carers support, Caring with Confidence and breathlessness groups and report to ET	CSM PHC CSM PHA
	Jun 09 at PHT	Develop and run information and drop-in centres	CSMs
	Oct 09	Undertake audit to determine whether a range of limited clinical interventions aimed at supporting timely advice to GPs would deliver a more responsive service for patients	CSM PHA

2.6 Develop Community Teams to fulfil full function of role	Jun 09	Community Teams able to articulate role to others	CSMs
	Oct 09	Teams and individuals demonstrate and use increased capacity to develop new areas of the role	CSMs
	Oct 09	Evidence that GP referrals are appropriate and an increase occurs	CSMs
	All meetings to be attended	Provide monitored evidence of 1/4ly CNS attendance at GP EoLC/GSF meetings	CSMs
	Date tbi	Gather and issue information to patients and carers on availability of local resources in the PHA area	CSM PHA
2.7 Develop proposal for further development of CNS role to include "on the spot intervention" as agreed with GPs	Sep 09	CNSs able to provide more responsive specialist palliative care service to patients at home  Time saved in waiting for community liaisons and further visits  Further increased capacity released within community teams	Lead CSM
2.8 Examine the feasibility of establishing a joint inpatient/community nursing team at PHC and PHT	Oct 09	Papers to be written and submitted to ET to include identification of new roles, skills and skills gaps	Nurse Managers PHC and PHT, CSMs PHC and PHT
2.9 Set up rapid response Hospice at Home research project	Sep 09	Manager in post	Nursing Director
	April 10	Initial service operational	

2.10 Progress full roll out of Productive Ward initiative	Aug 09	All modules completed at PHC	Nurse Manager PHC/Patient Safety and Quality Nurse
	Apr-Sep 09	Roll out to PHA and PHT	Nurse Managers PHA and PHT
	Sep 09-Mar 11	Changes to practice and ward routines identified and in place with appropriate consistency and understanding across sites	Nurse Managers
	Mar 11	Report on changes implemented and outcomes	Nurse Managers
2.11 Identify patient and carer needs	Date tbi	Gather data, carry out research and submit report to ET	tbi
2.12 Offer respite services to new groups of patients	Date tbi	Define respite clearly and establish criteria	Medical/Nursing Director
	Tbc	Number of respite bed days achieved	Medical/Nursing Director
2.13 Develop and monitor clinical performance	Less than 50	Number of complaints/adverse comments	Medical Director
	tbi	Number who achieve preferred place of death	tbi
2.14 Provide additional support to carers	6 per year	Number of Caring with Confidence Programmes held	CSMs
	Dec 09	Develop protocol for the assessment and management of carers needs	CSM PHA
	Jan 10	Carry out pilot	CSM PHA

2.15 Ensure adequate office, reception, clinic and patient accommodation	When additional funding becomes available	PHC – reception Move smoking room	Special Assistant
	By 31 Aug 09	PHA – DH, Board Room, Café	PHA Administrator
	When additional funding becomes available	PHT – single rooms	PHT Administrator

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

<b>Objective</b>	<b>Target</b>	<b>Performance/Success Indicators</b>	<b>Accountable Individual</b>
3.1 Work with the NHS, Social services, other hospices and voluntary agencies	Attend all meetings	Attend Kent and Medway End of Life Care partnership meetings	Chief Executive
	Attend all meetings	Attend NHS ECK EoLC Service Improvement Group	Medical Director/Nursing Director
		Strengthen relationships with GP cluster groups	
		Attend relevant networking groups within acute and primary care trust	All Managers
		Build relationships with Macmillan facilitators	Consultants and CSMs
	Date Tbi	Establish joint working Heart Failure MDTs and clinics	CSMs
	Date tbi	Evaluate the Heart failure Model	CSMs
	Date tbi	Develop local vision and work together and integrate with Primary Care staff in Thanet	Consultant PHT
	Attend all meetings	Attend non cancer MDTs	Consultants
3.2 Keep abreast of developments around co-ordination of palliative care services	Attend all meetings	Attend NHS ECK EoLC Service Improvement Group and maintain good links and open relationships with PCT and other providers	Medical Director/Nursing Director
	Ongoing	Horizon scan nationally and report to ET	All managers

3.3 Develop concepts and proposals for innovative service delivery in line with EoLC Strategy	31 Jul 09	Develop business case for provision of training and education, including in care homes	Nursing Director
	31 Jul 09	Develop business case for provision of bereavement services to wider community	Medical Director
	31 Jul 09	Develop business case for provision of improved service to carers, including respite care	Nursing Director
	31 Jul 09	Develop business case for provision of interim hospice at home service	Medical Director/Nursing Director
3.4 Work with others to extend OOH services to 24/7	Sep 09	Proposals for way forward identified	Nursing Director
3.5 Develop a programme of research into aspects of specialist palliative and end of life care	1 Jun 09	Successfully recruit a senior academic post with University of Kent.	Medical Director
	Date tbi	Support and develop research opportunities as they arise through drug company sponsored projects and local MSc research projects	Tbi
	Date tbi	Identify populations not accessing services and why	Tbi
	Date tbi	Analyse how our resources best meet patient and carer needs	tbi

<p>3.6 Develop a programme of education and training for professionals as part of our wider educational support in specialist palliative and end of life care</p>	<p>Commence Apr 09</p>	<p>Develop appropriate courses and run with full attendance and maximum income generation</p> <p>Develop and run a programme to educate care home staff</p> <p>Collaborate with the University of Kent</p>	<p>Education and Training Co-ordinator</p> <p>Tbi</p> <p>Medical Director, Consultant PHT</p>
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**Objective 4: Recruit, develop and retain a motivated and skilled workforce**

<b>Objective</b>	<b>Target</b>	<b>Performance/Success Indicators</b>	<b>Accountable Individual</b>
4.1 Identify clear nursing and nursing leadership roles for inpatient units	Apr 09	Review inpatient unit nursing establishment and skill mix	Nursing Director
	May 09	Report to Board	
	Jun 09	Job description revised for Nurse Managers and Ward Sisters	
	Jul 09	Managers/Ward Sisters have SMART objectives in place	
	Aug 09	Consult on and implement changes from review	
4.2 Recruit and retain sufficient nurses	Numbers held less than 5% variance in each grade	The gap between numbers of nurses, HCAs and CAPs held and the establishment in each grade	Nursing Director
4.3 Provide education and training to meet organisational needs	Jun 09	Form the Training and Education Steering Group	Education and Training Co-ordinator
	Sep 09	Complete initial TNA	Head of HR
	Oct 09	Establish relevant courses and training methods required	Education and Training Co-ordinator
	80%	Mandatory Training Compliance	Education and Training Co-ordinator
	Mar 10	Meet the individual training needs identified from PDPs	Education and Training Co-ordinator
4.4 Carry out joint workforce planning with PCT and others	Date tbi	Examine the scope for rotations, secondments etc	Nursing Director/Nurse Manager PHC

4.5 Reduce staff turnover	Less than 10%	Rolling 6 month average	All managers
4.6 Reduce sickness absence	Q1 400 Q2 360 Q3 320 Q4 300	Working days lost per quarter	All managers
4.7 Review staff incentives	Oct 09	Paper produced for ET recommending staff incentives	Head of HR
4.8 Implement new appraisal system	Jul 09	All staff trained	Head of HR
	100%	Appraisal returns	Head of HR
	80% tbc	Increase the number of staff with completed Personal Development Plans	Head of HR
	Sep 09	TNA updated following annual appraisal round	Head of HR
4.9 Develop and implement a volunteer strategy	Jul 09	Identify Volunteer roles	Chief Executive
	Sep 09	Commence successful involvement of volunteers in non-traditional areas of clinical and administrative support	Chief Executive
	Dec 09	Obtain funding for Volunteer Development Manager	Chief Executive
	Jun 10	Production and communication of a successful strategy	Volunteer Development Manager
	Oct 10	Set up systems for data collection, recruitment and training	Volunteer Development Manager

4.10 Develop Senior Managers and organisational structure to drive forward Pilgrims Plan	Jun 09	Delegate authority and accountability	Chief Executive
	Oct 09	Write paper on organisational structure	Chief Executive
	Oct 09	Review meetings and reporting	Chief Executive
	Ongoing	Provide support and advice to Senior Managers	ET
	Date Tbi	Implement new organisational structure	Chief Executive
	55% in FY 09/10 65% in FY 10/11 75% as a minimum thereafter	% of personnel who through the staff survey perceive they work for a high performing and responsive organisation	Chief Executive
4.11 Develop Board of Trustees (recruitment, induction, education, support, visits)	Dec 09	Agenda and style altered so the Board is effective by running its meetings to ensure that most of the work is at the strategic level	Chief Executive

**Objective 5: Implement a proactive marketing and communications strategy**

<b>Objective</b>	<b>Target</b>	<b>Performance/Success Indicators</b>	<b>Accountable Individual</b>
5.1 Raise awareness of our services with healthcare professionals and the public	30 Jun 09	<p>Conduct survey to establish baseline</p> <p>Plan agreed and implementation begins, to include:</p> <p>Gateways (libraries) Hospice shops Links with local groups</p> <p>Link from our website to NHS ECK and EKHUT websites explaining palliative and EoL Care</p> <p>Active promotion in hospitals</p> <p>Carry out re-survey</p> <p>Increased non-cancer referrals</p>	tbi
5.2 Improve internal communications	55% in FY 09/10 65% in FY 10/11 75% as a minimum thereafter	% of personnel by key groupings who through the staff survey perceive internal communications meet their needs and expectations	Head of Fundraising and Marketing
5.3 Carry out staff survey	Date tbi	Staff survey completed and results published	Head of Fundraising and Marketing

**Objective 6: Establish a modern information and communications system**

<b>Objective</b>	<b>Target</b>	<b>Performance/Success Indicator</b>	<b>Accountable Individual</b>
6.1 Introduce into service Inflex	Jul 09 Sep 09 Oct 09 Dec 09	Go Live at PHC Go Live at PHT Go Live at PHA Live running of Inflex across 3 sites and community teams	IT Manager
6.2 Ensure connection to N3 delivers pathology and other clinical results to the hospice	Jun 09	Successful usage of N3 for pathology	IT Manager
6.3 Establish 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

## Objective 7: Generate sustainable funding

Objective	Target	Performance /Success Indicators	Accountable Individual
7.1 Develop new income streams	Sep 09 FY 10/11 £50K FY 11/12 £100K FY 12/13 £150K	First new idea developed	Special Assistant
7.2 Ensure annual outturn meets planned budget	Nil variance	Variance of Outturn from budget	Chief Executive
7.3 Within agreed expenditure budget, increase income received from:			
Shops	FY 09/10 £1.3M	Income generated	Retail Manager
Legacies	FY 09/10 £1M	Income generated	Head of Finance
Lottery	FY 09/10 £400K	Income generated	Head of Fundraising and Marketing
Donations	FY 09/10 £1M	Income generated	Head of Fundraising and Marketing
Fundraising	FY 09/10 £1M	Income generated	Head of Fundraising and Marketing
7.4 Obtain national average of NHS funding	FY 09/10 25% FY 10/11 27% FY 11/12 29% FY 12/13 31% FY 13/14 33%	% of operating costs received from NHS	Chief Executive

7.5 Develop financial management information system	In place with effect from 1 Jun 09	Budgetary control of expenditure by HODs	Head of Finance
7.6 Establish a five year plan	In place with effect from 1 Apr 09	More effective use of Hospice resources	Head of Finance
7.7 Make efficiency savings	FY 09/10 £40k FY 10/11 £40k FY 11/12 £40k FY 12/13 £40k	Achieve efficiency savings	Chief Executive