

*Trinity's Mission:*

*Compassionate Care on the journey towards the End of Life*



**TRINITY**

**Hospice &  
Palliative Care Services**

# **Business Plan 2009 - 2012**



*Trinity's Philosophy: Light and Help and Human Kindness*

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## FOREWORD

We are delighted to bring you this Trinity 3 year Business Plan, which is intended to be for everyone that is interested in End of Life Care in Blackpool, Fylde and Wyre.

Having spent a great deal of time and effort in developing the Trinity 10 year Strategic Plan (2008 - 2018), we were excited to build on the work done by, and through, Trinity and continue to play our part in a transformation in end of life care. However, the process of producing this plan whilst we are in the grip of the worst recession in living memory, has forced us to be pragmatic. We will play our part in the transformation and begin our significant change but need to 'cut our cloth according to our means'.

The main focus over the period of this 3 year Business Plan will be consolidation of existing and developing services. We will also focus on continuous improvement and preparing for further service developments.

We will remain champions for ensuring the NHS End of Life Care Strategies, National and Local, are fully implemented and play a role in its delivery. We will do this whilst being prudent around our financial situation. In this Business Plan, Trinity has, for the first time in its history, had to set a 'deficit budget'. We are going to spend more than we anticipate we will get in. We do not do this lightly but feel strongly we would not cut services unless every possible avenue had been explored. Trinity is not in any sense in crisis. Because we have been so well supported in the past by communities in Blackpool, Fylde and Wyre, we are able to use some of our limited reserves and look to those same communities to continue to support us during this national and international financial recession.

This Trinity Business Plan is an ambitious plan which will mean a great deal of work from everyone at Trinity; Board, staff and volunteers. We will need to be even more creative, innovative and resourceful to deliver the plan in very difficult times.

Rob Woolley  
Chief Executive  
April 2009

Bill Holmes  
Chair Board of Trustees  
April 2009

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## 1 EXECUTIVE SUMMARY

Following the same format as we did for our strategic plan we have included this 'Executive Summary' to try and encapsulate what is in the document, in this case this three year business plan: 2009-2012.

In the introduction to the business plan we make clear it needs to be read in conjunction with the strategic plan. We set out our focus on consolidation, continuous improvement and preparing for service development.

The context for this business plan is set out and the thrust of the strategic plan repeated. Our Mission "Compassionate Care on the journey towards the End of Life" is repeated and our ten Trinity Values, Trinity Philosophy and the six strategic aims. We also explore more the rationale for our focus and highlight that it is the economic climate that we expect over the next coming three years that has influenced our plan. However, we remain committed to the actions we have set out in our long term strategic plan.

We state that in our financial implications we look at income like a three legged-stool and income can be; *Granted, Given or Earned*. In setting our budgets for 2009 - 2012 we look to have a firm control over costs. We have looked at income and put a lot of work in to predict the financial situation. The worst, best and most likely case is put forward and plotted against the budget. The Trinity Board has agreed that, in the short term, we will use our financial reserves to cover the shortfalls we anticipate in the most likely case.

An organisational delivery structure is set out in this business plan and the four Directorates; Medical, Clinical, Resources and Fundraising provide a short overview of what they do under each Directorate. Each service and department gives both some information about what they do and sets out their SMART (specific, measurable, achievable, realistic and timeframed) objectives. These objectives will drive forward the plan.

The budget that has been agreed by the Board of Trustees for 2009/2010 is set out along with budget estimates for 2010/11 and 2011/12. This combined with the details of our income for funding of the budget gives a clear picture of the financial situation for Trinity and its family of services.

We have developed an ambitious but achievable strategic plan and to begin the delivery and realisation of that plan we have developed this business plan. It is the first formal business plan Trinity has produced and our focus is on; consolidation, continuous improvement and preparing for further service developments. We have tried not to duplicate information from the strategic plan in this business plan. Definitions and a glossary of terms are in the strategic plan.

The many actions from both plans will now form our workplan for this year.  
We will work to make them real and live.

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## 2 INTRODUCTION

As stated in the Executive Summary, this Trinity 3 year Business Plan needs to be read in conjunction with the Trinity 10 year Strategic Plan. Some of the thrust of that Strategic Plan is set out in the next section of this Business Plan; Section 3; Context.

We are embarking on this Trinity 3 year Business Plan at a time of great uncertainty in respect of the Global economy and at the start of a recession in the country. Our region and local area has not escaped the 'credit crunch'. This is one significant reason why consolidation could be seen as a main focus of our activity over the 3 year period, this Business Plan covers. This consolidating focus, combined with a focus on continuous improvement and preparing for service development will ensure Trinity and its family of services are even more outstanding and exceptionally good value for money.

Trinity can easily move from consolidation and improvement to service development if the NHS is quick to respond to the End of Life Care (EoLC) Strategy and provides the funding for any new services. We hope that they can and we will do all we can to encourage them to do so.

Consolidation will still mean change for Trinity as we strive for excellence in all aspects of our work. Our focus on continuous improvement and high quality will mean we change what we do within our existing funding and resources. We will do more than consolidate we will consolidate; improve and prepare for a step change in the way we do our work.

Our mission is clearly set out as are our Trinity Values. We expect that anyone with an interest in what we do and how we do it. will be able to see from this plan our intentions and see what we are doing and how we are doing it. We are new to 'Business Plans' and some of the language of business planning does not easily translate to our particular 'business', i.e providing compassionate care on the journey towards the End of Life but we want to ensure a culture of change in End of Life Care and will play our part in any way we have to.

All of the Trinity services and departments have examined their role and functions in the context of the direction in which Trinity will move. This 3 year Business Plan sets out how they will play their part. We are confident we have organisational 'ownership' of our plan and hope those partners and stakeholders that need to help us make it all happen can play their full part.

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## 3 CONTEXT

The external environment in respect of End of Life Care (EoLC) is set out in the Trinity 10 year Strategic Plan; 2008 - 2018. This includes, the highly significant, National End of Life Care Strategy and the regional and local NHS EoLC strategies, as far as they have developed. These 'key driver' documents were used, among other things, for an analysis of that external environment and Trinity set out the role it wanted to play in the 'plausible futures' we saw.

We also looked at the internal environment to explore further the position of Trinity in that plausible future, how we could shape it and react to it. We looked at where we had come from, where we are now and set out our strategic direction determined by key Strategic Aims to give a sense of our priorities.

We are determined to make a difference to the End of Life Care journey for the people of Blackpool, Fylde and Wyre.

Our Trinity Mission, Trinity Values and our Trinity Philosophy are clearly set out and define how we will play our part in the context of change in EoLC.

### **Trinity Mission:**

We will strive to ensure the people of Blackpool, Fylde and Wyre have:

**Compassionate Care on the journey towards the End of Life**

### **Trinity Values:**

- 1 To put patients' needs first and focus on the person not their illness;
- 2 To care for, and support, the carers and families;
- 3 To deliver the most effective specialist (but not elitist) palliative care that we can;
- 4 To be a learning organisation and to learn with others who are providing generic palliative care;
- 5 To respect and value the contribution of all Trinity staff and volunteers;
- 6 To use creativity and innovation to continually improve our care;
- 7 To serve the local community of Blackpool, Fylde and Wyre in the best ways we can in the provision of palliative care;
- 8 To behave ethically;
- 9 To collaborate with partners and other organisations to benefit patients, their carers and families;
- 10 To value the dignity and lives of all.

### **Trinity Philosophy:**

Light and Help and Human Kindness

The six strategic aims are set and this Trinity 3 year Business Plan attempts to give some of the SMART (Specific, Measurable, Achievable, Realistic and Timed bounded) objectives that will help ensure we are effecting change in the way we desire.

## STRATEGIC AIM ONE

As the centre of focus for specialist palliative care in the locality we will play a full and active role in the development of a fully integrated and co-ordinated 24/7 specialist palliative care service supported by full implementation of the National End of Life tools (GSF, LCP and PPC).

## STRATEGIC AIM TWO

Take a leading role in the delivery of learning, education and training for all Health and social care staff: a) Those providing the day to day care to patients in their homes and hospitals, b) Those that specialise in palliative care in the North West, c) Health and social care staff who rarely come into contact with dying patients. We will develop the Trinity Learning and Research Centre to be a 'Hub' in this leading role and co - ordinate delivery of workforce requirements.

## STRATEGIC AIM THREE

Accept a strategic role, with partners, to change the community's attitudes to death and dying to one where conversations within the community about death and dying are open, honest and perceived in a more positive light. Work on this aim to address all age groups.

## STRATEGIC AIM FOUR

Address the communication issues around EoLC. Establish Trinity as an easily accessible source of information, advice and expertise on all issues related to death and bereavement. Ensure a focus on the needs of patients and carers.

## STRATEGIC AIM FIVE

Develop services for people who have advancing, progressive and incurable illness other than cancer in a managed and sustainable way.

## STRATEGIC AIM SIX

We will strive for excellence in the provision of all aspects of our work, and have high quality and continuous improvement at the core of all that we do.

## 3.1 CONSOLIDATE, IMPROVE AND PREPARE FOR SERVICE DEVELOPMENT IN CONTEXT

We did set out a 'snapshot' of the background to Trinity in the Trinity 10 year Strategic Plan. We also mentioned that it costs up to £6 million a year to resource Trinity and our family of services and the NHS provides about £2 million of that. Over the last few years the Trinity Board accepted that we would no longer look for capital (buildings) development at Trinity but develop our family of services which meant an increase in revenue (wages and related) costs. That was, we felt, the best way to deliver our services to the community of Blackpool, Fylde and Wyre. However, in the current economic climate, we consider that we are not able to raise further significant funding from the community. Any further development in Trinity services that include revenue costs must be fully funded by public (NHS or Local Authority) funding. The EoLC strategy (page 161) makes clear the NHS commitment to fully fund any such developments.

The current economic climate that will, it is thought, be likely to prevail during the period of this Trinity 3 year Business Plan 2009 - 2012 may well mean that we will struggle to continue to raise the funding to deliver existing Trinity services. The Trinity Board have always acted in a prudent manner in respect of matching 'task and resources' and has attempted to build up reserves, in accordance with the Charity Commission guidelines. We will use any reserves that we feel we must use to continue to deliver our current Trinity services, but will not risk reserves on further development of services in respect of EoLC. We will consolidate the delivery of our current family of services and in the next three years alter those existing services as far as we can to meet our strategic aims. We will seek public funding to embrace the 'step change' that is required in respect of access and quality care for EoLC. We are ready to play our part and will continue to do what we can and focus on improvement and preparation of further change; consolidate, improve and prepare for service development.

## 3.2 ONGOING ACTIONS

We have committed in the Trinity 10 year Strategic Plan to a number of actions in this first 3 year Business Plan. In the next year we will:

- Produce an 'easy to read' summary of the Trinity 10 year Strategic Plan as a stand alone document/publication.
- Undertake work to make our Trinity Ten Values even more explicit and set out what each value means for everyone at Trinity.
- Develop an 'evaluation plan' and formal review process for the Trinity 10 year Strategic Plan.
- Publish an update on the progress of the Trinity 10 year Strategic Plan in the Trinity Annual Review.
- Be proactive in seeking funding from public (NHS and Local Authority) services for service development.

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## 4 FINANCIAL IMPLICATIONS

Trinity like many other charities looks at its income like a 'three legged-stool'. Income is and can be i) *Granted*, ii) *Given* or iii) *Earned*.

i) *Granted* - Despite a lot of talk in recent years about the NHS ending 'grants' to Hospices and moving to contracts, we still have our NHS funding given to us as an annual 'grant' from the local NHS. We could also make bids to grant giving trusts and may explore such grants in years to come.

ii) *Given* - Most of the income that we receive is given to us in one form or another; donations and/or legacies is how we get most of our 'funding'. Our various events mean we are given funds. We are often given 'gifts in kind' and transfer some gifts into income we 'earn' through selling them in our charity shops.

iii) *Earned* - We can earn income via a variety of means. Our trading company is operated at arms length from Trinity and transfers any and all profits to Trinity. This is earned income. However, we can and do deliver services that are purchased or 'commissioned' by the NHS or other government bodies. These require contracts or service level agreements (SLAs) and any income/funding from these SLAs should be seen as earned. When we make a charge for conferences or events this is also, earned income.

(We, like many charities, often use different terms for various income streams but at their core any and all income fits in to one of the above: *Granted*, *Given* or *Earned*)

In attempting to get an accurate picture of our financial position in the next 3 years we have looked at our income: *Granted*, *Given* and *Earned*. The grant looks secure, the 2008/09 level was a total of £1973523. We anticipate around a 2% uplift in each year. However in the first year the uplift from the NHS is 1.7% so we have used this in subsequent years. We have used an estimate of 2% for inflation on some areas and used 1.7% in others, we have added these figures to our predictions.

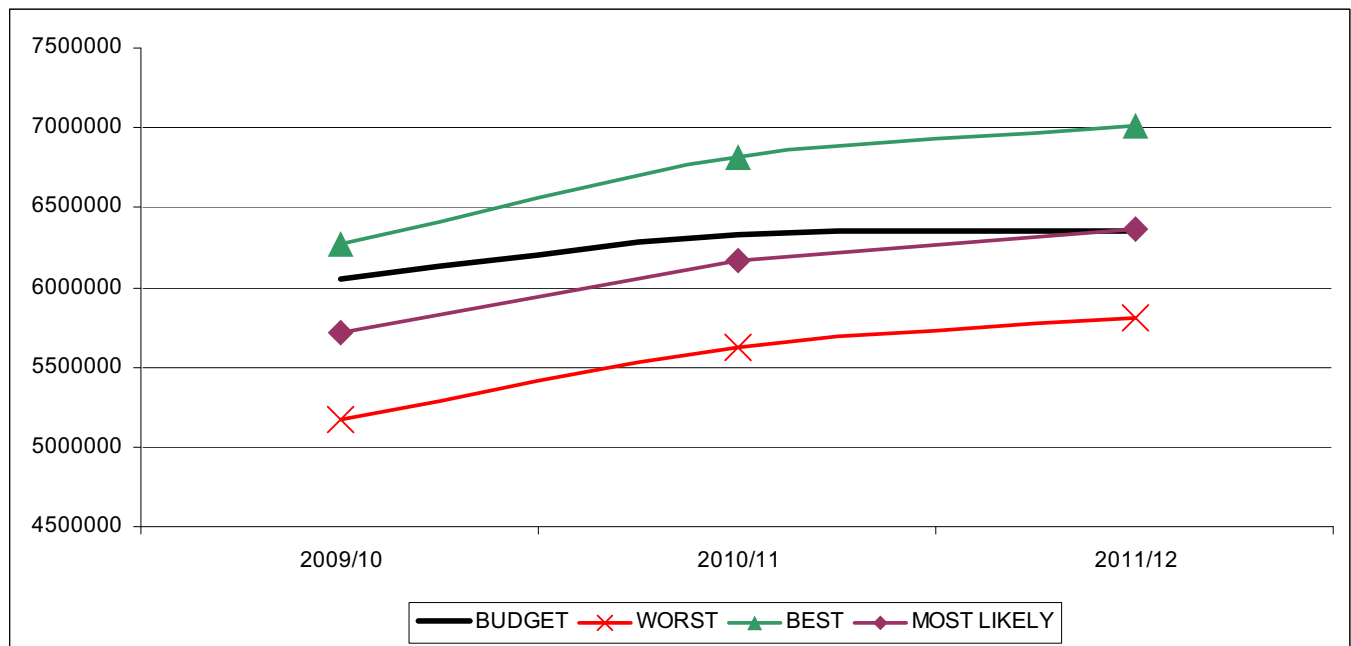
Grants from local NHS PCTs are deemed to be the most secure income streams. Although they are unlikely to grow in real terms, they are at least expected to remain in place. The NHS is under some significant pressure to regularise 3 year contracts with voluntary organisations and this provides some cause for comfort. However, at the time of producing this plan, it is not clear when this will happen. Trinity will be pushing for an agreement to ensure a 3 year 'grant' if contract negotiations are not fruitful.

This is a challenging time to speculate on trends around voluntary giving. The economic climate looks set to be difficult for the next few years and the recession will undoubtedly have an effect on the capacity of the public to give to charity. To estimate this effect accurately is very difficult but the assumption from the fundraising profession at the present time is that donations will plateau and then remain stable. This year 2008/09 has been a very good year for Trinity, particularly for legacies.

In respect of income that is given, predictions have been calculated based on the best, worst and most likely case. An analysis of the last five years' income, including 2008/09 (projected to 31 March 2009), reveals that the worst year for voluntary income was 2005/06 when £2.0m was received from donations. The current year 2008/09 is anticipated to be the best year at £3.2m, with 2007/08 the median at £2.65m. The average for the 5 years is £2.59m.

Using these predictions the following patterns could be seen.

	Budget	Worst	Shortfall (-) surplus (+)	Best	Shortfall (-) surplus (+)	Most Likely	Shortfall (-) surplus (+)
09/10	6051715	5171413	-880312	6270703	+ 218988	5721053	-330662
10/11	6326254	5620638	-705616	6820638	+ 494384	6170288	-155966
11/12	6356755	5813314	-543441	7013314	+ 656559	6362964	-6209



Profit from Trading activities is expected to grow over the next 3 years from £300,000 in 2009/10 to £500,000 in 2011/12.

Grants from the Department of Health towards pension costs which have been paid for the last few years are assumed to continue. However, these could cease at any time, but it is expected that a full year's notice is likely to be given. This grant is valued at £872,680 in 2008/09.

However, Trinity has increased its recurrent costs significantly in 2008/09. Based on the most likely scenario, indications are that there will be a shortfall in income compared to expenditure for the next 3 years. During this period, we will be working to ensure income meets our intended expenditure.

The value of the reserves as set out in the Annual Accounts for 2007/08 was £10385494. Of this £7449452 was held in investments and the balance of £2936042 in cash. The value of investments at 31st December 2008 was £6882984, an unrealised loss of £566468 in 9 months.

Whilst the payroll costs relating to the Trading activity are included in the budget projections, costs associated with shops development over the next 3 years are not. These will be included in a future detailed Business Plan.

In these extreme economic conditions we remain financially sound, with substantial cash deposits and an investment portfolio which has perhaps not suffered as badly as it could have done. However, further economic crises are certainly possible and these may affect values accordingly.

Reserves will be used to cover the shortfalls identified in the Business Plan. The Trinity Board has agreed this, but we need to ensure that when the global financial situation improves, we are in a good position to start the process of recovering our losses. The regular review of our investment and cash holdings will be more important over the next few years than ever before.

Consolidation, and a firm control over costs, is to be the priority for us for the next three years. We will look for efficiency savings where we can sensibly make them and where they do not have adverse impact on the care of patients and their carers. We will look for low cost or nil cost improvements in any and all areas of our work and prepare for service developments after 2012.

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## 5 ORGANISATION DELIVERY STRUCTURE

A number of years ago, all of the Health Service workforce underwent a fundamental review under a programme titled "Agenda for Change". The Hospices and palliative care workforce were to be included in that review, which included roles, pay and staffing levels. Trinity undertook a fundamental 'root and branch' pay and reward review along the lines of Agenda for Change in 2007/2008. We are confident that the workforce at Trinity is in good shape to deliver the Trinity 10 year Strategic Plan and this Trinity 3 year Business Plan.

The Trinity organisational delivery structure is set out on the following page. The 3 year budget at section 10 of this Business Plan is set against the existing staffing structure and whilst there may be some small changes over the next 3 years we envisage this structure is set. Where small changes are planned they are set out in the SMART objectives and where reviews of any service is planned we will look to match task and resource so significant changes in staffing is not required. The current management structure will allow for service development and an increase in staffing, if funding from the NHS or local Authorities is made available.

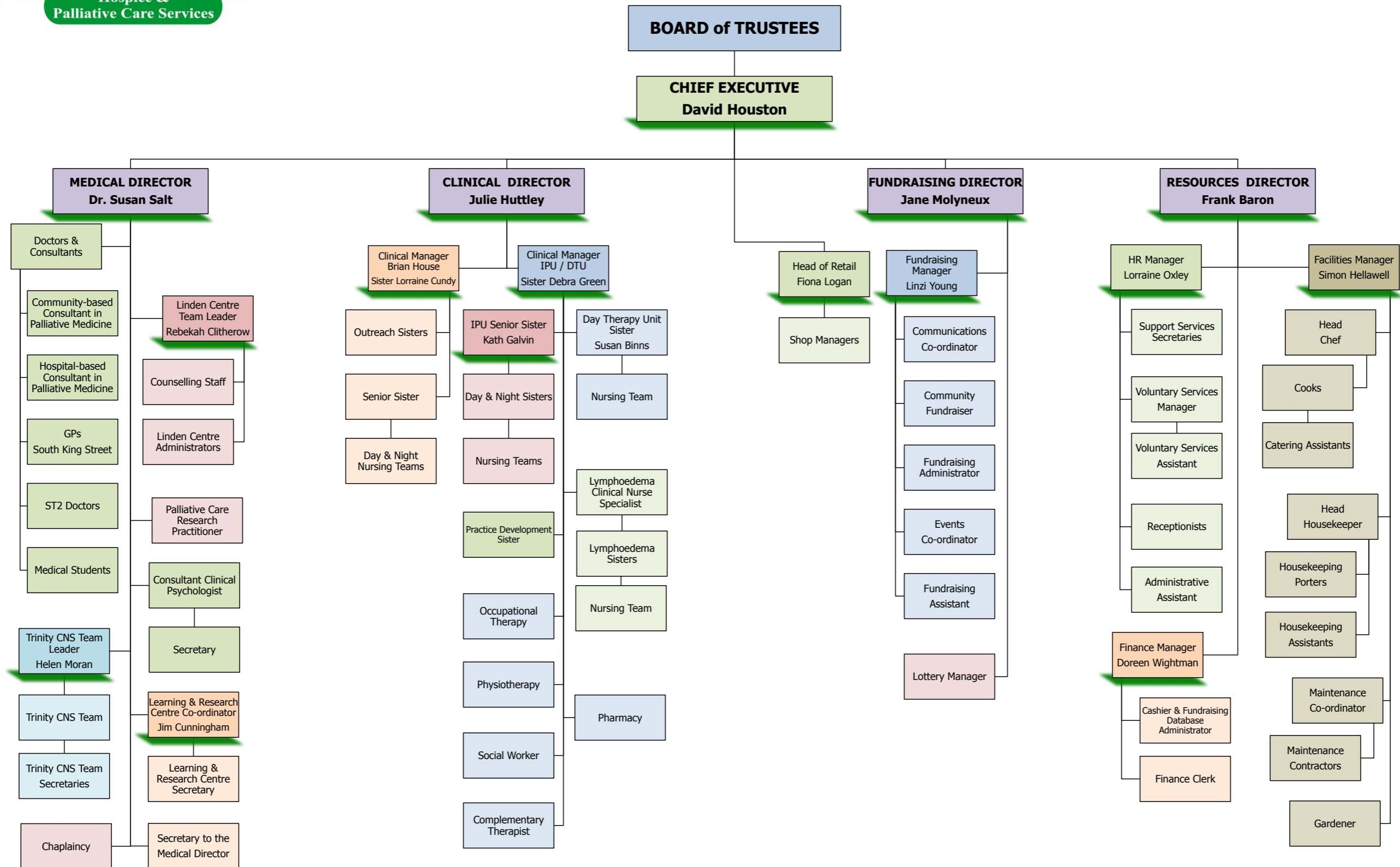
Following the Trinity - Agenda for Change related pay and reward strategy, a new management structure was developed. In many respects it streamlined decision making by merging the previous Management Board and Joint Management Forum into one Trinity Management Team (TMT). Two fundamental aims of the Trinity Management structure are: empowerment of managers and staff and to ensure excellence and 'open' communication across the organisation.

The four Directorates; Medical, Clinical, Resources and Fundraising are each led by one relevant Director. They are not 'silos' but a flexible structure to deliver a comprehensive and seamless system of specialist palliative care. We do not accept some simplistic notion of 'nursing and admin', the Trinity Directorates make up a complex, mutually dependent, and symbiotic team that will deliver compassionate care on the journey towards the End of Life for the people we serve.

The next sections of this Business Plan set out some narrative about the Directorate roles and the services/departments within them. Each service/department has set out some SMART objectives to give direction to their work over the next three years. As stated in various places, we are fully aware that setting out a plan is not an end in itself, it is merely a beginning.

# Organisation Chart

as at 8 February 2011



Shaded box denotes membership of the TMT (Trinity Management Team).

## 6 MEDICAL DIRECTORATE

Although the Hospice has been established for 25 years and from its inception has had strong medical leadership, this is in many ways, a new element of the Trinity Hospice structure, bringing under one umbrella key services which have as a core part of their remit training, research and education. This is a time of rapid change and expansion. We face an exciting challenge as we learn how to manage the care of complex patients with a wide variety of diagnoses. Managing the number of referrals, ensuring that those referrals are appropriate and working with our colleagues across a broad range of areas will be demanding.

This is a stimulating time as we establish ourselves as a leading specialist palliative care provider, not because we want to be elitist but because we want to be able to ensure as many people as possible in our local community get the best possible care at the end of their lives. This means we need to develop as well as maintain our expertise in delivering compassionate end of life care across a broad range of specialities.

We are fortunate to have a team of highly motivated and well trained Clinical Nurse Specialists who are able to support patients and their families where needed and work with the other care professionals involved in their care to help them develop their skills and competence. They will play an ever increasing role in inspiring both health and social care professionals to provide the best end of life care they can, not only through the use of Gold Standards Framework (GSF), Preferred Priorities of Care (PPC) document and the Liverpool Care Pathway (LCP), but through their leadership and influencing skills.

The Linden Centre has played a key role in providing support for adults and children going through complex bereavement across the community. The service has developed a justifiably excellent reputation for the quality and effectiveness of the support it provides. Work is now starting on sharing some of that expertise with other agencies such as schools and churches so that effective support can be offered to a broader range of people within their own communities, knowing that people who need additional help can be referred to the Linden Centre.

Overarching this is the development of the Learning and Research Centre to meet the ever increasing needs of the staff and the wider community to develop their understanding and skills. We are looking to appoint a nurse practitioner to help deliver evidence based teaching. There is so much we do not know about End of Life Care that a key element of this development must be the creation of a research based culture and the need for us, as an organisation, to add new knowledge and understanding. To this end we have appointed a part time Healthcare Research Practitioner funded by the local Cancer Research Network.

For us to be able to deliver such a challenging agenda it is essential that we have sufficient medical time both to ensure excellence in patient care but also so that there is time for training and development of the next generation of doctors. To this end we have started having medical students, doctors training to be General Practitioners and encouraging specialists to come and spend time with us. We are fortunate to have appointed a second consultant in Palliative Medicine to work in the acute Trust and a locum Consultant Paediatrician with an interest in palliative medicine.

## 6.1 MEDICAL DIRECTORATE OBJECTIVES

By appropriate support of the Clinical Nurse Specialists to decrease the hospital death rate by 2% year on year of patients with palliative care needs.

Appointment of Hospital based Consultant - April 2009 (funded and achieved)

Creation of a job description and person specification for a Community Consultant by September with appointment by April 2010 - £100k (funded)

Review of medical staffing to ensure admissions of up to 4 patients a day Monday to Friday and emergency admissions at weekends and bank holidays (to have admitted at least 10 patients out of hours in 2010 increasing to 20 in 2012)

To continually improve the quality of medical information and support offered to the community and hospital.

To have symptom control guidelines and other useful information available to healthcare professionals - both via the website and via hard copies by April 2010.

To review the educational needs of GPs and hospital doctors by end of 2009.

To have set up and started to provide appropriate training to medical staff by end of 2011 based both at the Hospice and at HPEC (Health Professionals Education Centre).

To expand to having 48 medical students from Liverpool University from September 2009.

To continue to provide educational opportunities for FY2 ( Foundation Year 2) and ST2 (Specialist Trainee 2nd Year) doctors.

To develop specialist training within the Hospice in order to address succession planning of consultants for the future and to continue to develop research activity ongoing.

Explore the options for hosting an SpR (Specialist Registrar) from the Manchester palliative medicine training scheme by September 2009.

To have developed and carried out one major research project (beyond those run by the CLRN ( Comprehensive Local Research Network) in the adult unit by 2012.

To expand the service more effectively to non-malignant disease groups.

Develop clear guidelines for involvement of palliative care and joint working in Chest Disease and Heart Failure (increase of 5% year on year of patients with both diseases)

To begin to develop a framework for working with people caring for patients in Nursing Homes and those with dementia by December 2012.

## 6.2 CLINICAL NURSE SPECIALIST TEAM.

There are 12 Trinity Clinical Nurse Specialists (Trinity CNSs) who were previously known as the 'Palliative Care Team'. The change in the title has given clear identification and coherence for patients, carers and their families. Eight of the Trinity CNSs care for patients, carers and families in their homes, three who care for the patients, carers and families in Blackpool Victoria Hospital and peripheral Hospitals and there is one Team Leader. The team receives over 1000 new referrals each year.

All Trinity CNSs are highly qualified nurses who have chosen to work in Palliative Care, share the same passion and commitment, and have the skills to provide Specialist Palliative Care knowledge expertise and support to patients, carers and their families, and also to the caring team involved in the patients management of their illness (this is their GPs, Consultants and all other Health Care Professionals) ultimately maximizing the patients quality of life. Trinity Clinical Nurse Specialists all have taken extra training to enhance their skills, having achieved Diploma/ Degree level of education with some members of the team working towards postgraduate qualifications in palliative care.

Each Trinity CNS works autonomously but also as a member of our team managing a caseload of patients with advanced progressive life limiting illnesses that have complex needs that require Specialist Palliative Care. Each Trinity CNS applies highly developed specialist knowledge and advanced communication skills to advise and influence the patient's caring team on complex symptom management, psychological, social and spiritual care promoting best practice in order to maximize a patient's quality of life. We have a significant positive impact on patient care. The patient being at the centre of all that we do, always acting in the patients best interests.

There are five secretaries to the Trinity Clinical Nurse Specialists who provide a highly effective co-ordinated, confidential service to the Trinity CNS Team and also the Lymphoedema and Complementary Therapy Services. Our Secretaries are highly skilled with excellent communication skills.

One of the key factors in successful Palliative Care is a team approach to achieve active holistic care to patients with advanced progressive illness, to manage pain and other symptoms and provision of psychological, social and spiritual care to enhance the patients' quality of life. Each patient, their carers and families have their own needs and expectations of our service. We have developed the following smart objectives to help give structure and develop our work over the next three years.

## CLINICAL NURSE SPECIALIST TEAM OBJECTIVES

### Objective 1

Ensure an increase in the use of the 'End of Life' tools GSF, LCP and PPC.

Undertake a piece of work to establish a baseline of usage in the various settings in which Trinity operates during 2009.

Create a plan to increase the use by 10% in the first year; 2010 and 10% in the second year 2011. Set out in that plan the things that the Trinity CNS team will do to increase usage. Have a draft of that plan agreed by the Medical Director before end of November 2009. Make clear in the draft how progress will be monitored.

### Objective 2

Provide more support and learning for Health Care Professionals (HCP's) in subject matter of specific interest to them.

Define which HCP's are in categories a) and c) of the Trinity Strategic Aim 2 and devise a way to establish the subject matter around palliative care of specific interest to them. Present the findings to a workshop and create a draft plan to deliver support and learning to the HCP's on the identified subject matter. Set out in that plan how many HCP's the Trinity CNS Team will reach in 2010 and 2011 and how it will measure its impact. Have the draft plan agreed by the Medical Director by the end of December 2009.

### Objective 3

Have the Trinity CNS Team play a leading role in addressing the communication issues around EoLC for patients, carers and families.

Develop a 'suite' of easily accessible information and advice leaflets on the ten subjects most needed by patients, carers and families that are receiving palliative care. Create the prioritised list of the ten subjects before the end of April 2009 for agreement by the Medical Director and indicate a timetable for when they will be produced and who will lead on each one. Utilise the production of the first Trinity CNS team leaflet to set the format and 'house style' for the whole suite of leaflets. Have the first leaflet agreed before the end of June 2009.

### Objective 4

Develop a pro-active role for the Trinity CNS Team in ensuring services for people who have advancing, progressive and incurable illnesses, other than cancer.

Agree a list of 'specialist interests' that relate to this aim and match up the illnesses with those Trinity CNS Team Members with a special interest. Produce and publicise the list and have an 'information sheet' produced on each illness before the end of 2009.

Utilise the production of the first information sheet to set the content and format for all the information sheets. Have the first draft information sheet agreed by the Medical Director before the end of March 2009.

## 6.3 THE LINDEN CENTRE SERVICE

The Linden Centre team bears some of the hallmarks of a team of Sherpas. We journey with people as they face difficult terrain. We know the territory, having walked this way so many times before and made a commitment to study the terrain. Having taken care to invest in our own personal emotional growth, we have the resilience to share some of the burdens of those carrying heavy baggage. The journey itself of loss prior to death and subsequent grief belongs to individual or family clients some of whom would prefer the Linden Centre Service to provide emotional pain relief for grief. However, our core role is one of walking alongside in order to enable others to complete their journey on their own.

The Linden Centre service would not exist without the commitment and compassion of a team of nearly 70 counsellors and support volunteers. Many of our volunteers have worked or are currently working across the organisation and by doing so, unite the Linden Centre with the rest of the Trinity family. Many of our counsellors come to us as they train, drawn by our excellent reputation for care and education, and they bring a great deal to us in terms of links with the wider community and other agencies. We are fortunate to have a strong team, its strength being in its cross section which includes a wide range of ages (from 17 to 70), cultural and professional backgrounds and beliefs.

Within our counselling team we have a mix of theoretical backgrounds. We are predominantly person centred and the ideology underpinning our work has a strong humanistic emphasis. However, many of the models we use for the assessment of the impact of grief have a psychodynamic focus while we also have team members who have undergone theoretical or practical training in cognitive intervention. The arrival of a clinical psychologist in March 09 will further develop this area of work whilst offering Level 4 (NICE guidance 2004) provision. Our common ground across the team is our passion for the work of Trinity and our belief that emotional/ psychological/ spiritual care is vital to people as they face the darkest times in their lives.

The Linden Centre Service is without doubt now well resourced with our expanded team and outstanding facilities. We have reviewed the service twice and increasing service provision has addressed unacceptable waiting times (in 2006 waiting times were well over a year for individual counselling). We continue to put a great deal of effort into managing waiting times and carefully assessing families at the point of referral to ensure that intervention is timely and appropriate. We have recently restructured our paid team in order to redefine the three areas of care we offer - child and adult bereavement and family support pre-bereavement - in order to further enhance the care package we provide. We now offer a range of intervention, having observed that needs vary from person to person. Some need space to express their grief while others need to learn exactly what grief is. And there are those who need to rediscover their identity to some degree or other.

Continuing to update colleagues concerning the latest research and current thinking about good practice in bereavement care - together with the importance of pre-bereavement care - is a vital part of our becoming a living handbook of bereavement care. Trinity has much to do in identifying the families most at risk of long term emotional/ psychological problems following bereavement. One such area of work is to do with providing support for those facing trauma following grief. A member of the paid team is currently accessing training to develop the appropriate skills for this.

The development of information leaflets and assessment tools for ourselves and colleagues has been identified to be a high priority.

There is much to be done in terms of aiming the service at those who need it most. Evidence gathered over the past few years strongly suggests that those at greatest risk of the long term impact of bereavement are the least likely to access support. Such people lack any hope that life could improve and do not possess the personal resources and self-esteem required to access the help they need. Accessing help for oneself is indicative of a level of resilience, so by definition those who use the service are on their way to rebuilding their lives.

There is also potentially an infinite number of people (each of the 1000 patients referred to the Trinity CNS team will have any number of friends and relatives) who are bereaved and therefore may choose to access support. That support is most appropriately offered by the local community and the Linden Centre can resource others to do that work, reserving our specialist team for those in greatest need. The bereavement link project (a facilitator is to join the team in April 09) will do just that by supporting schools to care well for bereaved children and refer to us only where appropriate.

At this time the current economic climate predominates much of our thinking and this will undoubtedly have an impact on our work. In terms of those using the service, economic instability is a huge factor in resilience and people's capacity to cope with serious illness and death in the family. In supporting those accessing the service we rely heavily on those training in counselling. It may be that fewer people will choose to make a career change at this time, particularly into a profession where training is costly and jobs are in short supply. It is essential to pre-empt any shortfall of support for the community by encouraging the growth of bereavement support in the community- for example in churches - and retaining a streamlined team within the Linden Centre that is equipped to do the work.

It is therefore even more imperative to focus on supporting - with courage and creativity - those in greatest emotional, psychological and spiritual need. Our strategic aims outline our direction for the next year and beyond.

## THE LINDEN CENTRE SERVICE OBJECTIVES

### Objective 1

#### Information & Support

Throughout 2009 the Information Administrators will identify, collate and produce information leaflets, about the nature of the service and topics relating to bereavement to inform individuals accessing the service and professionals supporting those affected by serious illness and bereavement. Together with the Children and Young People's Bereavement Link Project Facilitator (job title to be considered!) the administrators and volunteers will identify additional resources that will be useful to Professionals working with Children and Young People.

In 2009 the Linden Centre Team Leader will research and produce information around the topics of low resilience and unresolved grief in order to inform best practice in the organisation both in terms of staff and volunteer support and provision of (pre and post) bereavement care. This will be followed up in 2010 with lunchtime training sessions for staff and volunteers considering the nature of complicated grief.

Over the next three years we hope to identify strategies that will see an increase in the use of the Linden Centre by staff and volunteers as a resource and reflective space.

To improve the support of our volunteer team we will, as a matter of urgency, complete and distribute the Linden Centre volunteer handbook. This will be reviewed and updated each year over the next three years following feedback through the volunteer review system. We will also gather feedback within the review system to measure improvement in internal communication.

### Objective 2

#### Support for families facing a life-threatening or terminal illness

The Linden Centre Team Leader will work in conjunction with the Family Support Co-ordinator to set up appropriate paperwork and systems for the referral, assessment and therapeutic intervention in this area of the Linden Centre's work. This will include selecting a group of volunteers equipped to providing this specific care.

The Family Support Co-ordinator and Linden Centre Team Leader will work with the Chaplain and nursing/ medical colleagues from across the organisation to review the psychological/ spiritual/ emotional section of the patient records and use this as a tool for promoting joint working and early intervention.

## Objective 3

### **Bereavement**

The Adult and Children's Bereavement Co-ordinators will work with the Linden centre Team Leader over the next 6 months to clarify the boundaries of the service and ensure that the service is accessible to those affected by complicated and unresolved grief. This will be implemented by developing the assessment process and associated paperwork.

The Adult Bereavement Co-ordinator will establish contact with 3 churches across Blackpool, Wyre and Fylde in order to encourage the formation of a generic bereavement 'network' locally that is equipped to offer informal support and information in the first months of bereavement. The support offered by volunteers within churches could include coffee drop-in style support groups.

## Objective 4

### **Children and Young People's bereavement link project**

By the end of the 12 month Project Period (March 2010):

*The CYP Bereavement Link Project Facilitator* will have made contact with all designated bereavement link people in Blackpool Primary and Secondary Schools to establish the information, resource and training needs of each school and to provide details of existing services and best practice. Where a Blackpool School does not have a designated bereavement link person contact will be made with the particular school to encourage and support a link.

The post holder will have worked with Blackpool Children's & Young People department and the Learning & Research Centre Co-ordinator to promote and deliver 3 Twilight sessions for schools' bereavement link people.

The post holder will define who are the relevant professionals and have delivered additional training sessions accessible to 24 of those professionals who are working with Children and Young People in the Blackpool area. These training sessions will enhance the bereavement care skills of those attending and develop an understanding of the risks associated with complicated grief and appropriate referral pathways. The evaluation of the training to show that at least 80% found the training to be 'very good'.

## 6.4 TRINITY LEARNING AND RESEARCH CENTRE

Key elements of being a specialist palliative care provider include continuing education and development of both our own staff and staff involved in end of life care as well as adding new knowledge to the speciality through research. The national End of Life Care strategy published in 2008 placed education and training around end of life as a central pillar of the strategy.

Education has always been an important part of service provision at Trinity, however there has been a lack of investment and direction in this element of the service over recent years. The organisation has had good links with a number of local universities and colleges of further education for a number of years and has provided elements of post graduate training for nurses and professionals allied to medicine. However, these have not been developed to their full potential.

Whilst individual members of staff have been involved in small short term research projects there has been no co-ordinated approach to research within the organisation and no effective involvement with local or national research networks.

There are a number of key areas of focus for the Learning and Research Centre in response to the 10 year business plan:

- Change of emphasis from delivering educational opportunities to developing a culture of learning throughout the organisation.
- On going training of Trinity staff with continuous development of their specialist skills in response to expanding the service to meet the needs of patients and families with non-malignant disease. This includes the appointment of a Practice Development & Community Resource Sister.
- Providing learning opportunities for generalists in both health and social care within our local community in order to raise the standard of care at the end of life for as many patients and families as possible.
- Invest in succession planning by providing learning placements for medical, nursing and other students and specialist trainees.
- Become a research active Hospice through working with local and national research networks taking part in projects that will have direct patient benefit.

There are a number of opportunities to both raise the profile of the organisation and to generate some income:

- Putting on regional and national conferences.
- Providing courses for organisations such as Primary Care Trust, Social Services, Nursing Homes and the Local Authority.
- Providing conference facilities for outside organisations.

## TRINITY LEARNING AND RESEARCH CENTRE OBJECTIVES

### Objective 1

To maintain and enhance the learning / research environment offered by the department  
Refurbishment and redecoration of the department including re-carpeting  
New furniture (chairs and desks) for the seminar room  
New furniture and shelving for the library  
Improvements to the signage and door into the centre  
All to be completed by December 2010

### Objective 2

To increase the amount of Trinity led education provision within the Centre  
To create an accurate concurrent database of all teaching activity that is happening across the organisation by September 2010  
To appoint a Nurse Tutor/Senior Lecturer with the University of Cumbria in 2009/10  
To host two regional conferences in 2010  
To host three regional conferences in 2011 and 2012

### Objective 3

To develop research activity within the organisation  
To appoint a health related Research Practitioner on a part time basis with the University of Lancaster by April 2010  
To set up a research database for the organisation capturing all research activity within the organisation by April 2010  
To set up a research committee across the organisation by September 2010  
To have five academic/practice based posters accepted for national conferences by December 2011  
To have had two papers published by staff based at Trinity in peer reviewed journals by April 2011

### Objective 4

To explore what other learning opportunities the organisation should get involved with.  
Working with the Clinical Nurse Specialists, Universities and PCTs to develop a clear strategy of educational provision for healthcare professionals in the area by April 2010.  
Working with the Clinical Nurse Specialists, Universities and PCTs to develop a clear strategy of educational provision for social care professionals in the area by April 2011.  
Working with the Clinical Nurse Specialists, Universities, Linden Centre and other relevant Trinity departments and PCTs to develop a clear strategy of educational provision for the general public including schools in the area by April 2013.

## 7 CLINICAL DIRECTORATE

Following the publication of the End of Life Strategy by the Department of Health in 2008, Trinity Hospice and Palliative Care Services needed to consider and focus on the implications and aspirations around the transformation in end of life care.

As an organisation at all levels we had to consider where we had come from, where and what to focus our energies on in the future taking into account the expectations of all our stakeholders including the community who have supported us for over 25 years and statutory bodies, ensuring that the values we have held over this period are at the forefront of future care, to ensure their continued support. Over the next 10 years, working in partnership will become more important and need to be creative, as patients with progressive and incurable illness other than cancer; expectations will be increased with the national End of Life Care Strategy, to ensure our survival, while remaining at the forefront as specialists.

To this end we need to ensure that the services we offer are of the highest standard and meet the needs and expectations primarily of the patients and carers. To achieve this we need to have a workforce that is skilled and motivated in all aspects of end of life care, including the development of this business plan and that feels valued by the organisation. They must be passionate about sharing their knowledge with both patients and professionals working with us in partnership to improve end of life care in all settings.

Brian House Children's Hospice will also have to embrace the End of Life Care Strategy and all of the above is applicable to this area of care, but will have other challenges that are unique to the development and success of children's Hospices. These challenges include long term regular funding, transition and complex health care needs of the children.

Each area of care under the Clinical Directorate, have considered carefully their objectives as set out within the business plan of Trinity Hospice and Palliative Care Services that are achievable in the first three years.

## 7.1 BRIAN HOUSE CHILDREN'S HOSPICE

### **Brian House Children's Hospice**

Brian House Children's Hospice and Outreach Team is part of the family of services under the umbrella of Trinity Hospice and Palliative Care Services.

Brian House Children's Hospice supports and cares for children, young people and families with complex needs from our local community of Blackpool, Fylde and Wyre with a life threatening or life limiting condition. This support is provided from the time of diagnosis to the end of life and may extend over many years. The range of illnesses and symptoms make it hard to define and predict care needs. This support may be given in Brian House or at home, by the two newly appointed nursing Sisters.

Services are delivered in line with identified need: national policy and driven by best practice working in close partnership with other healthcare professionals, education, targeted services and voluntary sector organisations.

Brian House Children's Hospice provides a home from home environment offering respite and end of life care in a variety of ways: - inpatient, day care, support at home and pre and post bereavement support including the availability of a bereavement suite.

The Brian House Children's Hospice team consists of both qualified and support staff that have chosen to work in children's palliative care, and share the same passion and commitment to caring for children with multiple complex needs. The team are responsive to and respectful of the diverse needs of the children / young people, their families and carers, adopting a needs led problem solving approach rather than relying on a 'diagnostic label' enabling families to pursue ordinary lives and see their children achieve their full potential and enhancing quality of life.

One of the key features in the success of Brian House is a team approach to achieve holistic care to children, young people and families by managing pain and other symptoms plus the provision of psychological, social and spiritual care to enhance their quality of life while recognising them as individuals.

Brian House is well equipped to extend a child's sensory perception in touch, vision and sound. Since May 2007 we have had a Play Worker in post which has added a dimension to the service, enabling children to have days out, and participate in a variety of play activities. We work closely alongside the Paediatric Directorate at Blackpool Victoria Hospital and have recently appointed a Locum Consultant Paediatrician for 3 sessions per week.

## BRIAN HOUSE CHILDREN'S HOSPICE OBJECTIVES

### Objective 1

By the end of July 2010, a robust external evaluation of the 'Local Model' of children's palliative care, compared and contrasted with the 'Regional Model', is undertaken.

Identify at least 4 external organisations that could undertake the work and ensure their credibility.

Work independently of those external organisations to create a draft specification to commission and drive the work. Have the specification agreed by the TMT Executive before the end of October 2009 and at the same time have agreed a plan, with timescales, to have the evaluation completed. As a guide; the evaluation should have a clear research methodology and the final version be about 100 pages in length.

The approximate cost will be £8000

### Objective 2

Ensure that the services provided by Brian House Children's Hospice is meeting the standards of the National Service Framework for Children and Maternity Services (published 2004) to ensure a quality service for our children and families. Have a focus on specifically meeting standard 8.

Identify a working group and have the membership and TORs agreed by the TMT Executive, produce a SMART draft action plan by end of June 2009 and have it agreed by the TMT Executive. Utilise the Quality Assurance Measuring Tool where possible. Progress reports to be submitted to the TMT Executive via the Clinical Director on a quarterly basis, detailing progress of work undertaken. Clear evidence to be in place to show how we meet all the standards by March 2012. Ensure the Action Plan is in place and keep under review.

## 7.2 DAY THERAPY UNIT

Patients from the Blackpool, Wyre and Fylde with an advanced progressive life limiting illness that have complex needs requiring specialist care can be referred to our Day Therapy Unit. The Day Therapy Unit offers 75 places per week. Following an assessment visit patients are offered a place one day per week. If patients are unable to get to the day Therapy Unit themselves transport is available with a volunteer driver. Each patient is reviewed every three months with possible discharge following this review.

The Day Therapy Unit Team has chosen to work in palliative care, and share the same passion and commitment to Hospice work.

While patients are attending the Day Therapy Unit, they access support from staff and fellow patients, advice and treatments that enable them to continue living at home independently with their illness and also enhancing their quality of life. Treatments include complementary therapy, physiotherapy, and occupational therapy. While the patients are at the Day Therapy Unit, carers are able to enjoy a period of respite, thus enabling them to continue to care for their loved one at home. Carers are able to attend a monthly support and advice group, which is held in the day unit.

Patients can also participate in art and craft activities perhaps continuing with a hobby or interest or trying something new. A variety of social activities are also available, including entertainment, plus trips out, helping to improve the quality of their lives and to rebuild their self confidence.

## DAY THERAPY UNIT OBJECTIVES

### Objectives 1

Review of the Day Therapy Unit.

Undertake a piece of work to widen the service to ensure this service is available for people who have advancing, progressive and incurable illnesses for completion by the end of April 2010 showing the future role of the Day Therapy Unit.

The Practice Development and Resource Sister will work with the Day Therapy Unit team to create a draft plan to move the work forward and have this agreed by the TMT Executive by September 2009. The draft plan will have actions with timescales for the implementation.

### Objective 2

Arrange art project to widen the activities for the patients.

Contact the artist to arrange for a visit by June 2009 with suggestions and plans for the project. Complete a plan on how the project will be achieved and how it will benefit the Day Therapy Unit patients. Report the progress to the TMT Executive by August 2009.

Project to be completed by July 2010.

### Objective 3

Artwork display for 25th Anniversary to raise awareness in the community of the work of the Day Therapy Unit.

Day Therapy Unit Sister to contact Grundy Art Gallery to find out about possible room availability and cost by end of April 2009.

Day Therapy Unit Sister and Clinical Manager to form working group to progress the project by Sept 2009. Report back to the TMT Executive about the project and how it will be completed, by Sept 2010.

## 7.3 INPATIENT UNIT.

Patients from Blackpool, Wyre and Fylde with advanced progressive life limiting illnesses that have complex needs requiring specialist care are admitted to our 28 bedded unit, 365 days of the year, at no cost to them. We admit over 300 patients each year. Facilities include single rooms, four bedded and three bedded rooms with en-suite, all with patio doors to access the well established gardens, individual televisions, bathrooms, family room, chapel, sitting areas, and a hairdressing salon. The inpatient unit has recently under gone a major refurbishment programme to create a modern comfortable interior.

The inpatient unit is staffed by a team of doctors, nurses, health care assistants, physiotherapist, occupational therapist and chaplains who have chosen to work in Hospice care, share the passion, commitment, and skills to provide specialist palliative care to support patients and families.

We aim to look after the whole person, caring for their physical, emotional, psychological and emotional needs. In doing so we aim to add to each individual's quality of life. Where possible we extend that care to the individual's family and carers. Some patients are admitted for a short period of time while symptoms are improved and then discharged. For other patients they may be admitted for end of life care. Care continues for the family and carers following bereavement if they so wish via the Linden Centre.

The inpatient unit provides a homely environment, with high standards of cleanliness provided by the housekeeping team. The Catering team ensure that a wide variety of good home made food is available responding to patients' individual needs and requirements.

## INPATIENT UNIT OBJECTIVES

### Objectives 1

To improve the quality of the inpatient service for patients and carers.

Undertake a review with the staff to define specific areas of 'Quality' Measures including social work provision that will be the focus for this objective in 2009. This will take the form of a rolling programme commencing with two measures that are aimed at patients and their carers. Agree the quality measures by the end of July 2009 and inform all staff and volunteers.

Agree a staff lead for each specific area/measure who will draw up a plan to ensure improvement in these areas with milestones and targets (if appropriate) deciding on a system to measure progress. Have the plan agreed by the TMT Executive by the end of September 2009.

Implement the changes with continuous monitoring monthly until March 2010 when the first specific quality measures would be reviewed and a report sent to the TMT Executive and update them on the progress of the next measures.

### Objective 2

Increase the use of the Liverpool Care Pathway within the inpatient unit

Undertake an audit to establish the baseline usage in the inpatient unit during June 2009.

Create an action plan to increase the usage of the Liverpool Care Pathway by 5% in the next 12 months identifying who will take the lead and how it will be monitored. Set out in the plan what the inpatient staff will do to increase the usage. Aim to increase the usage by March 2010. Have draft prepared by end December 2009 for TMT Executive making it clear how progress will be monitored.

Re audit in June 2010

### Objective 3

Develop spiritual and psychological support for patients, carers and staff.

Chaplains to develop protocols and guidelines for the spiritual and psychological care of dying patient and their families. Draft to be sent to TMT Executive by August 2009 and for completion by March 2010.

Chaplains and psychologist to work together to review the spiritual/psychological patient documentation. Draft to be completed by January 2010.

## Objective 4

Take steps to develop inpatient service to accommodate people who have advancing progressive incurable illness other than cancer.

During 2010 agree a list of special interests in respect of people who have advancing, progressive and incurable illness other than cancer and match the illnesses with the members of the Trinity inpatient team who have special interest in these areas.

Liaise with the Trinity Clinical Nurse Specialist Team to develop information sheets on each illness setting out how the inpatient unit can be made available to these patients before the end of 2011.

Set up a core group from the inpatient team that will meet with Trinity Clinical Nurse Specialist Team to discuss a draft proposal before June 2010.

## Objective 5

Complete the workforce planning project by July 2009.

Undertake a review of the results of the project to examine the skill mix/patient dependency. Clinical Director will report to TMT Executive the results by August 2009.

Clinical Manager and Senior Sister will review working practices in the light of the project results and reconfigure the teams as necessary by November 2009.

Assess the effectiveness of changes and plan for future, report to TMT Executive by February 2010.

## 7.4 LYMPHOEDEMA

'Mighty oaks from little acorns grow' could be the analogy for the lymphoedema service at Trinity. At its inception little did we know what the future held when we had a  $\frac{1}{2}$  day clinic run by staff nurses from the inpatient unit guided by the then Deputy Matron.

Over the years the service has developed in response to the need, but with the increase in referrals and limited staff, one Clinical Nurse Specialist and one sister supported by volunteers, the service was pushed to the limit. With the waiting list increasing a decision was made that the service had to close for new referrals for 9 months, when with the help of the Primary Care Trust we were able to recruit 2 new members of staff, a Lymphoedema Sister and a Key Worker, taking the team to four members. Before the service could be opened up fully the new staff needed to undergo extensive training in this extremely specialist area of care and treatment. This has been accomplished and the team now consists of one Clinical Nurse Specialist, two Sisters and a Key Worker.

Our Lymphoedema team are a dedicated group of nurses who are passionate about what they do and although it is physically and emotionally demanding work this happy team continue to support and encourage their patients to live as full a life as their condition allows.

As we move forward with our business plan we want to continue to develop and consolidate on the strong foundations of the Lymphoedema service.

## LYMPHOEDEMA SERVICE OBJECTIVES

### Objective 1

Ensure the Lymphoedema Service remains sustainable by developing a maintenance treatment programme in the community.

Undertake a baseline review of the patients on the maintenance programme, agree a plan on how they can be managed in the community by May 2009.

Meet with the Medical Director and the community managers to establish the training needs and funding. May 2009 report back to the TMT Executive.

### Objective 2

Review the Lymphoedema Service - working practices.

Complete by the end of July 2010 an evaluation of the lymphoedema service and its working practices. Create a plan to set the aims for the lymphoedema service for the following year taking into account the amount of education, referrals, discharges and patients seen by the community nurses. Prepare a draft report for the TMT Executive to agree specific objectives for the following two years.

### Objective 3

Establish patients' expectations and ensure that Trinity meets them.

Change the clinical audit to a pre clinic visit questionnaire to assess patients' expectations and repeat the questionnaire at their 6 month review. To commence in June 2009.

February 2010 complete report for the TMT Executive with the results and actions to be taken.

## 7.5 COMPLEMENTARY THERAPY

Complementary therapy is an important service to both patients and carers that supports mainstream medicine and it is often this therapy that helps them get through the difficult times and enables them to carry on.

The service is run by two co-ordinators who are supported by a loyal band of volunteers some of whom have been part of our team since the complementary therapy service began at Trinity.

Both of the co-ordinators have completed complementary therapy training as have their volunteers and are able to give a variety of treatments to both patients and carers.

Through the education department our co-ordinators have been spreading the word to the nursing staff how complementary therapy can benefit our patients and showing them techniques to use when caring for patients.

A little known part of this service is how they work in conjunction with the counsellors to support bereaved clients waiting to commence their counselling and occasionally these clients do not need to access the counselling following complementary therapy.

Our team are looking forward to taking the business plan forward for the next 3 years to have a first class service, for patients and carers.

## COMPLEMENTARY THERAPY OBJECTIVES

### Objective 1

Improve the complementary therapy service to inpatients.

Undertake a review of the service with complementary therapy co-ordinators to focus on the measures required to improve the quality of the service to inpatients by July 2009.

Agree which volunteer therapist will concentrate on the inpatients. Agree a plan that will measure progress. Have the plan agreed by TMT Executive by July 2010.

### Objective 2

Establish complementary therapies in Brian House Children's Hospice.

Co-ordinators to identify volunteers who would like to work in Brian House Children's Hospice. Liaise with Clinical Manager in Brian House Children's Hospice and identify the children who would benefit from this.

Agree a plan to commence this service and measure the progress. Report to TMT Executive by December 2009.

### Objective 3

Support volunteer therapist development to encourage retention of their service.

Co-ordinators to continue supervision meetings and organise a planned programme to help them gain knowledge in End of Life Care, and complementary therapy skills.

Respond to the training needs of the volunteer therapists in relation to clinical issues working with the Education department December 2010.

## 8 RESOURCES DIRECTORATE

Under the revised management structure which was adopted in 2008, several functions were amalgamated to create the Resources Directorate. These functions are Finance, Personnel, Support Services and Facilities, which itself comprises Catering, Housekeeping and Estate Management. The Directorate also carries broad responsibility for areas such as Information Management and Technology, Internal Communications and Health & Safety.

The Directorate provides a support service to all areas of the Hospice operation and its trading activities. Its main purpose is to ensure that as far as possible the appropriate resources are in place to enable operational activities to function effectively, and to monitor the cost of this provision in relation to agreed budgetary limits.

The Finance Department is a small team which has overall responsibility for the following areas:

- Processing of Payroll and Creditor Payments
- Financial and Management Accounting and Reporting
- Formulation and Implementation of Financial Procedures
- Assistance with external and internal Audit

The Hospice currently has an annual revenue budget of almost £6m, and so the need for sound procedures and good accounting practice is essential, not just for the purpose of internal financial management, but also to reassure the community that the organisation is financially secure, viable and effective.

The Hospice, like many organisations, is staff intensive, spending around 80% of its expenditure on salaries and we employ over 180 staff. This means that we need to be sure that we have good systems for personnel management in place. To this end we employ a Personnel Manager, and her role is primarily to provide a specialist Personnel service to Hospice Managers. This service covers the whole range of Personnel issues including recruitment and retention, personnel policies and procedures, disciplinary matters and staff welfare. The complexity of employment law today is such that it is imperative that we employ a specialist who can help us navigate this legislation successfully. But the role is also about establishing Personnel practices which are fair and equitable, which enhance our reputation as an employer of choice. The Personnel Manager also manages the Voluntary Services Co-ordinators and the Support Services staff who provide a secretarial service to managers.

Trinity has grown over the last 25 years into one of the largest Hospices in the UK. This growth has not only been in services but also in buildings. We now have a large estate to look after. The Facilities Management part of the Resources Directorate is responsible for these areas. We employ a Facilities Manager whose prime role is to manage and co-ordinate the efforts of the catering, housekeeping and stewarding departments. He also leads on the practical aspects around Health & Safety at work and workplace risk assessments.

## 8.1 FACILITIES

During production of the new management structure developed following the Agenda for Change related Pay & Reward Strategy, 'Facilities' grew from what was previously 'Hotel Services'. Facilities better describes the various departments that it encompasses. This change also allowed the services to easily be grouped into a more appropriate directorate (Resources).

The role of the Facilities Manager at Trinity is to manage the departments that support and add to the effectiveness of Trinity's primary function: providing care for patients, their own carers and their families.

The Catering department ensures that Trinity provides a high standard of Catering for all. Experienced Cooks and Catering Assistants are led by the Head Chef and trained to a high standard. All have recently successfully completed a one-day refresher course in Food Hygiene. Food plays a vital role throughout our lives both in terms of its social function and nutritional value. It remains an important factor throughout patients' illness in terms of nurturing and providing a focus for the day. Even those with little appetite look forward to the time when they might be tempted to eat just a little and the preparation, presentation and content of the meals provided is therefore of paramount importance and is treated as such.

The Housekeeping department ensures that the environment in which patients are cared for is clean, tidy and perhaps most importantly hygienic. They work in the background, sometimes unnoticed and sometimes out-of-hours to fulfill this need. The housekeeping department works closely with the nursing staff to meet the needs of each patient, preparing for admissions and undertaking routine duties but also quickly dealing with the need to clean rooms on demand. A Control of Infection Link Housekeeping Assistant has recently been designated to work alongside the respective member of the nursing team in the fight to Prevent Infection.

The Stewarding department works as a first-line response team for all internally reported maintenance issues. The Stewards undertake a preliminary investigation at the earliest opportunity, quickly providing a straightforward resolution where this is achievable. Where more specialist provision is required the Stewards will act as a conduit to external contractors, who also provide planned preventative maintenance.

A recent addition to Facilities is the Gardening department. Currently consisting of only one full-time permanent member of staff, the aim is simple: to maintain, present and develop all parts of the grounds and gardens, with particular emphasis on the attraction to patients and visitors. In order to achieve this we are looking to work closely with Voluntary Services to build regular, scheduled voluntary support.

The effectiveness of our core information technology infrastructure and related methods and systems of communication are now of considerable importance to the way in which Trinity operates on a day-to-day basis. Facilities at Trinity has also evolved to reflect and include this, with the Facilities Manager acting as a liaison for I.T. requirements and providing support and advice for internal methods of communication e.g. shared calendars and local websites.

## FACILITIES OBJECTIVES

### **CATERING**

#### Objective 1

To ensure that 100% of patients are made aware of all the choices and services that the Catering department offers by quantifying and improving the consistency of information given upon admission to the Inpatient and Day Therapy Units.

Monitor feedback via existing patient audits, extending and amending them as required to fine tune.

Head Chef to involve Catering Staff and formulate a draft of required content and a proposed method of providing this to patients. To submit this to the Facilities Manager by the end of June 2009.

To have this information and system agreed and implemented at the end of December 2009.

#### Objective 2

To build upon the existing flexibility of the menu for patients and staff who have specialist dietary requirements such as diabetes, wheat-intolerance and meat / dairy free diets. To amend stock, recipes and working practices to ensure that such provision is available at all times.

To incorporate this within the standard menu offered. Monitor audit responses.

Head Chef to involve Catering Staff and formulate a draft of required additions and submit this to the Facilities Manager by the end of November 2009.

Head Chef to involve Catering Staff and formulate a draft of required content and a proposed method of providing this to patients. To submit this to the Facilities Manager by the end of July 2010.

#### Objective 3

Introduce cookery demonstrations into the Day Therapy Unit calendar, to provide a source of information, entertainment and involvement for patients and encourage them to cook nutritional food at home. To liaise with the Day Therapy Unit Sister and obtain information relating to dietary supplements etc. that can be incorporated into recipes to help the patients create a varied diet.

Head Chef to involve Catering Staff and discuss closely with the Day Therapy Unit Sister regarding timetabling, detail and patients' nutritional needs. To be ready to implement by the end of August 2010.

To implement as agreed with the Day Therapy Unit Sister from January 2011.

## Objective 4

To introduce a number of planned seasonal and/or themed weeks into the menu for both staff and patients, e.g. 'Wimbledon', 'World Cup', 'Vegetarian Week' etc. that will run alongside and in addition to the existing menu to provide variety and generate interest.

Head Chef to involve Catering Staff and produce draft ideas/themes, menus and timetable for 2009 and 2010, incorporating 'national' days/weeks as may be applicable. To then discuss with the Facilities Manager by the end of April 2009.

To implement as agreed from June 2009 onwards.

## Objective 5

To ensure that every dish has its own selling price, reflecting the cost of its ingredients. To re-introduce monthly stock take and create a spreadsheet/other system that comprehensively records purchases, price fluctuations, sales and allowances and produces a financial report to enable comparison against a departmental budget.

Produce a report for the TMT Exec on progress by end of March 2010.

Head Chef and Facilities Manager to produce draft guidelines and requirements by the end of August 2009.

To have the system up and running, producing reports to be submitted to the Resources Director by November 2010.

## **GARDENING**

### Objective 1

To work closely with the Voluntary Services Co-ordinator to build and maintain a permanent and scheduled voluntary workforce to act as support and form a fundamental part of the gardening service as is already successfully in operation at other sites. This to be between 25 and 35 hours per week in total, managed by the gardener.

To have recruited volunteers into regular slots by end of July 2009.

To be fully operational and able to plan ahead for Summer by January 2010.

### Objective 2

To use the greenhouse to provide a growing area for cuttings and bedding plants for the gardens and fill the grounds with a much larger variety of plants. To use cuttings from existing plants to produce around 100 new perennials per year at no additional cost. To grow from seed around 500 bedding plants per year. To use both to fill the gardens with a much larger variety of plants and fill bare spaces currently present when cutting back.

To have the first bedding plants planted (about 30-40 m<sup>2</sup>) by May 2009.

To have the first cuttings planted and starting to thrive by April 2010.

To have introduced a greater variety of species, better spread around the grounds. To have bare spaces filled with younger plants all by December 2011.

### Objective 3

To complete the home-learning Horticultural Course sanctioned by the Hospice and utilise the knowledge gained to the benefit of the gardens, better understanding how different plants interact with each other and the environment that they inhabit.

To have completed the course and gained qualification by December 2010.

## HOUSEKEEPING

### Objective 1

To upgrade/recruit into a supervisory post - 'Housekeeping Supervisor' or similar - to provide an accessible point of contact for the significant number of Housekeeping staff, install an effective and necessary supervision of the day-to-day running of the department and help create more time for the Facilities Manager to manage his workload.

Role Description to be evaluated and scored for salary. Recruitment process to have person in post by May 2009.

### Objective 2

To introduce departmental staff meetings to enable discussion, effective communication and a record of such as minutes.

Decide upon a format for the meetings that best suits the various part time shifts worked at different times of the day by end of April 2009.

Schedule meetings and book meeting rooms by end June 2009.

Hold first meeting by August 2009.

### Objective 3

To create a scope-of-work for each role, listing areas of work, what is to be done and at what time if relevant, what to use etc. - not a checklist to be signed off, but an inclusive list of duties. Following this, to also review work practices to try to maximise understanding of colleagues' work areas and improve cover.

Production of final scope-of-work documents by end of February 2010.

Review of working practices and agree a plan for improving cover by end of May 2010.

Have implemented plan to improve cover within the department by December 2010.

### Objective 4

Adopt the nationally standardised control of infection colour coding to improve the safety of Hospice cleaning, ensure consistency across the service and provide clarity for staff, some of whom come to us from the NHS and some of whom have a job at each. This will also aid our control of infection link nurse and link housekeeping assistant in matters pertaining to colour coding.

Survey all sites and create inventory of existing equipment. Cross reference this with new scheme needs to determine what, if any, additional equipment is required by end April 2009.

Have ordered and received on site all equipment needed by end May 2009.

Have given prior notice and instruction to staff, decided an implementation date and initiated the new system by end September 2009.

## STEWARDING

### Objective 1

To improve communication between the Stewards, consulting engineer and contractors to ensure that we are kept aware of the progress of maintenance tasks reported externally.

Decide upon a system for reporting and feedback that will enable the objective to be achieved by end of September 2009.

Ensure effective communication of the system and implement by end January 2010.

### Objective 2

To deal with all reported maintenance tasks promptly and ensure that 100% of tasks show the actual current status.

Work through existing reports, clearing the log to live status. Ensure that all tasks are picked up promptly and that every task shows current status by September 2009.

### Objective 3

To improve computer based support provided by the BMS Building Management/Maintenance System. To ensure that specific training in the use and interpretation of the system is provided. Have the latest version of the software installed on the new Stewards PC and all faulty / missing hardware installed by end of July 2009.

Have the Linden Centre fully connected and showing on the system by end of November 2009.

Comprehensive and specific training provided to the Stewards and Facilities Manager by end of January 2010.

### Objective 4

To formalise and standardise both routine and non-routine tasks undertaken by the Stewards by producing a Stewarding manual for all tasks undertaken to show frequency and methods (generator testing, pharmacy run, pump-switching, BMS checks, Fire Alarm testing, CCTV review etc.)

To produce a draft method of recording, e.g. task-sheet to be filled in by the Steward by end April 2009.

To have agreed the method of recording and started producing the manual by end July 2009.

To have a complete manual by end November 2010.

## 8.2 FINANCE DEPARTMENT

The Finance Department has always been, in terms of staff, a very small part of the Trinity Team. Its function is to support the 'front line' staff, provide financial information for Trustees, Trinity Managers and external agencies; look for cost effective solutions in procurement and the provision of services, champion a value for money ethos and ensure the security of Trinity's assets. We also look to develop good working relationships with our suppliers. Our aim has always been to provide the staff with the best possible tools to give our patients, clients and supporters a quality service and ensure that Trinity is sustainable into the future. We in finance never forget that the funds we deal with have been very generously given to us by the local community and tax payers so we want to get the best value we can for their money for the benefit of patients and their families & carers.

Trinity has continually developed and evolved its services over many years, the current round of changes being some of the most exciting. Finance will also develop to provide the various Trinity services, staff and Trustees with the information and support they need. The Finance team will be a multi skilled group of staff, each member of the team having core responsibilities within the department but also being able to cover all roles to ensure a continuous service efficient to both internal and external.

Our objectives over the next three years are aimed at developing the accounting system to provide for the restructured organisation. To work with all departments to not only provide them with support and easy to use systems but to embed a culture of "think before you buy" and "test the market". We want to improve our communications and relationships with our suppliers to gain 'added value' from the services they provide. As the team is made up of relatively new staff one of our key objectives will be to provide training and development opportunities. This will give Trinity a continually developing, highly skilled, efficient and stable Finance team, hopefully, long into the future.

## FINANCE DEPARTMENT OBJECTIVES

### Objective 1

To streamline the system for payment of invoices by moving away from the current method of payment by cheque onto a BACS or CHAPS system. Commencing in January 2009 we will work with our software providers to upgrade our financial system and input all suppliers' payment information. At the same time we will be discussing with the HSBC bank their requirement for making automatic payments and reviewing the current payment mandates. By April 2009 a revised scheme of delegation will have been agreed by the TMT executive and taken to the Board of Trustees for approval. By the end of July 2009 we will be paying all our accounts electronically and within the contracted time frames.

### Objective 2

Develop the accounting system to supply financial information suitable for the changed organisational structure. Working with the Resources Director and the Datafile support staff the new reporting structure will have been agreed by the TMT Executive by the end of March 2009. Implementation of the new coding system will take place as at 1 April 2009, development of the reports, in consultation with the TMT, to continue throughout 2009. By 31 March 2010 will have financial reports they understand and are fit for purpose.

### Objective 3

To reduce the cost of producing the Annual Accounts by providing end of year financial information which will assist the external accountants. We will work with the external accountants to incorporate balance sheet information into the system. By October 2009 we will have agreed the opening balances with the external accountants and entered them into the system. The increase in cost for the production of the Annual Accounts for 2010/11 will be less than inflation.

### Objective 4

Develop the concept of 'added value' within the Resources Directorate for all contract negotiations and purchase of goods and services. Working with Resources Management, prepare a short paper to define 'added value' for Trinity and have it agreed by the TMT Executive by December 2011. Undertake a short training session for all relevant staff to explain the principles and processes by March 2012. Have at least 80% report on the evaluation that the session was very good or better and the objective was achieved. Implement the procedures required to apply the concept and enshrine it in other relevant Financial Procedures by August 2012.

### Objective 5

Ensure all finance staff have the knowledge and skills to prioritise the workload of the Finance Department and work together to meet deadlines. The finance clerks will be able to perform confidently in the cashier role by May 2009 or within 3 months of commencement. By June 2009 all finance staff will have access to the ESR system and be able to input the required weekly payroll information. By August 2009 all finance staff will have access to and be able to place orders via the NHS Logistics system. By August 2009 all finance staff will be able to produce purchase orders via the Datafile system.

## 8.3 PERSONNEL

Having a dedicated Personnel function has now streamlined issues around advertising, recruitment, appraisals, policies and procedures etc. and provides staff with support and guidance around these areas.

Over the years there has been much discussion around quality standards and the decision has now been taken to move forward with the Investors in People Accreditation. This is currently underway and is on course for completion and assessment in October 2009.

The Personnel Manager also has direct managerial responsibility for the Voluntary Services, Support Secretaries and Receptionists.

### **Voluntary Services**

Within the Voluntary Services department is a full-time Co-ordinator and a part-time Assistant who are both responsible for the recruitment, selection and day-to-day organisation of volunteers within Trinity. They are required to forward plan to provide high quality and constant voluntary support at all times and perceive the future needs of the service. Trinity now has the support of over 650 volunteers and as we move into the coming year the management/supervision of volunteers will be undertaken within each individual department with a selected member of staff conducting an annual review and providing feedback to each volunteer who supports the Hospice for 8 hours or more per month.

This shift of supervision will free up the Co-ordinators to concentrate on several other initiatives but predominately the recruitment of 50 new volunteers per year with a demographic of 18 - 45 years of age.

### **Support Secretaries**

There are currently two full time secretaries with a part-time position about to be filled. Historically each Director had their own personal secretary but the coming together of the secretaries as one support system for several Directors/Managers should provide a more flexible dedicated support service as it becomes established during the coming months.

### **Receptionists**

There are two part-time Monday - Friday Receptionists who with the support of Volunteer Receptionists provide a professional and efficient reception and telephone service to all patients, relatives and visitors to Trinity. However, at weekend the reception is run solely by volunteers who rarely volunteer on a normal working day and so as we move towards providing a 24/7 service there will be a need to review the staffing levels.

## PERSONNEL OBJECTIVES

### PERSONNEL

#### Objective 1

To establish the personnel function as a centralised service providing advice and support to managers and staff in matters around the management of personnel. Streamline the process around advertising, recruitment, retention etc. Gain feedback from managers June 2009

#### Objective 2

Achieve IIP status by October 2009. Encourage a pro-active working party to assist in achieving this over the coming months.

#### Objective 3

Improve communication through regular team meetings commencing Jan 09 with the Voluntary Services dept, Support Secretaries and Receptionists and promote and encourage communication at all other meetings. Review progress reflecting on relevance and regularity and benefits of meetings by June 09

#### Objective 4

Receive training along with all other relevant personnel on the use of the electronic staff record system (ESR) providing statistics for such areas as sickness, training, contract details etc. by May 09

### VOLUNTEERS

#### Objective 1

Recruit 50 new Volunteers each year with a demographic of 18-45 years over the next 3 years. (Total 150) Review the progress at 6 monthly intervals.

#### Objective 2

Increase awareness of volunteering at Trinity by promoting our services in and around the community visiting schools, colleges, DWP, Norcross, etc commencing January 2009. Review benefits June 2009.

To have moved successfully to all individual departments/services managing/supervising their own volunteers by June 2009. To include reviewing and providing feedback to volunteers commencing April 2009.

#### Objective 3

To create a Volunteers Handbook by March 2009 to be given to each new volunteer. Trinity website to contain information about volunteering and the different areas to work in by May 2009.

## SUPPORT SERVICES

### Objective 1

To provide a co-ordinated and consistent secretarial service having the ability and flexibility to support several managers.

### Objective 2

Receive training on the use of the electronic staff record system (ESR) providing statistics for such areas as sickness, training, contract details etc. by May 2009.

## RECEPTION

### Objective 1

Become proficient in the training and supervision of all volunteer Receptionists, providing feedback to them during the course of the year but also undertaking an annual review. Complete all initial reviews by the end of 2009.

### Objective 2

Co-ordinate the Volunteer Receptionists' rota ensuring volunteer support to the Reception 7 days a week commencing January 2009.

### Objective 3

Encourage new Volunteers to undertake the NVQ in Customer Care provided free by the College. Both paid receptionists undertaking and completing NVQ in Customer Care by July 2009. Provide figures of new volunteers undertaking the NVQ to the Voluntary Services Co-ordinator at 6 monthly intervals.

### Objective 4

Improve communication through the use of electronic diaries. Review progress June 2009.

### Objective 5

Following implementation of a 24/7 service, review the weekend Receptionist staffing. Review position June 2009.

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## 9 FUNDRAISING DIRECTORATE

Trinity has been relatively successful in its fundraising from the community it serves, over many years. It is the commitment and generosity of the people of Blackpool, Fylde and Wyre that have enabled the buildings at Trinity to be built and maintained to such a high standard. It has also required the foresight of the Trinity Board and a lot of hard work by staff and volunteers to have kept the fundraising going and successful.

In the recent past we considered a renaming of 'fundraising' to 'income generation' because, at its core, that is what this Directorate is concerned with. However, the Fundraising Directorate does much more than 'generate income' it is concerned with all aspects of marketing, branding and many relationships with a plethora of 'stakeholders'. There is a great deal of informing and educating people about what Trinity is and what it does, before we ask for funds, but ask we must!

The Directorate also has in it, in a loose way, our retail activity. Charities are not allowed to 'trade' and so our retail activity, charity shops etc, are at arms length from Trinity and managed via a trading company which transfers any and all profits to Trinity. In respect of this Trinity 3 year Business Plan we are including an overview of our retail/charity shops element and its SMART objectives so readers get a full picture of our activity. However, that trading company is at arms length and so its operational delivery; running costs, investments and 'profit profile' will be managed in accordance with Company Law and at arms length.

At the time of writing this 3 year Business Plan the post of Fundraising Director is vacant. We anticipate that we will recruit to that post within the first few months of the financial year of 2009. During the life of this Business Plan Trinity will celebrate its 25th Anniversary and we have a packed year of events and activities, co-ordinated and often led by the Fundraising Directorate. We will take the opportunities this 25th Anniversary offers to have a step change in raising the awareness of Trinity and its family of services across the whole community we serve. Business plans don't ever capture routine workload or the totality of change. The Fundraising Directorate will be transformed during the next three years.

We face enormous challenges in continuing to raise circa £4 million a year over the next three years. We will look to develop 'new' and sustainable income streams. A lottery, expansion of charity shops, Illumathon, more friends groups, and more effort generally. At this time we don't envisage the fundraising department being involved in seeking 'public funding' e.g. from Government sources - NHS etc, in the short term the Trinity CEO will lead on that issue.

All of our activity in the Fundraising Directorate is based on a 'Relationship Fundraising' model. We think about the donors' agenda first and treat them as individuals. This applies just the same to our retail/charity shop donors and customers. The model requires a universal approach consisting of clarity, openness, honesty, friendliness, accessibility and vision. Informing and involving people in our cause, having them as strong advocates for Trinity.

## 9.1 FUNDRAISING DEPARTMENT

Trinity's fundraising department is responsible for an annual income of approx £4 million towards the running costs of Trinity Hospice and Palliative Care Services i.e. all of the funding that does not come from the Government e.g. NHS and local Government.

The department is often the public face for the Hospice and its family of services both internally and externally. Our work varies from individual acknowledgement of donations, attending fundraising events in aid of Trinity, showing appreciation of support to speaking publicly about the work of the Hospice.

The department raises funds for both Trinity and Brian House Children's Hospice. Having both an adult and children's unit is quite rare and it creates immense fundraising opportunities as well as threats as individuals are becoming keener to restrict funding to either one of the Hospices. The challenge remains in informing the community about how their support helps both.

Communication is our most valuable tool and we must represent the family of services with professionalism and integrity at all times. The staff works to a relationship fundraising model and the Fundraising & Marketing Manager has the Certificate in Fundraising Management ensuring that we meet the legal requirements of Fundraising as well as creating and maintaining relationships with all stakeholders. Our communication is via Trinity News the Hospice external newsletter which is distributed to 25,000 Hospice supporters as well as local media via press releases. The Trinity website: [www.TrinityHospice.co.uk](http://www.TrinityHospice.co.uk) is a valuable communication for patients, carers and supporters, its content and maintenance is managed by the Communications Co-ordinator.

In the changing economic climate it is important to recognise that our previously solid donorbase is under threat. Not only is there less disposable income around and increase in the number of "active" charities but our original supporters are declining. This donor is being replaced with the "baby boomers" (ages 45-65 years) who have a very different approach and attitude to charitable giving especially via legacies. This shift in donor attitude means Trinity Hospice & Palliative Care Services cannot afford to rest on its laurels.

The department consists of 6 employees; 5 full time and 1 part time as well as a core of approximately 4 volunteers. The aim is to increase the number of volunteers in the department. Community Fundraising is also done by our 4 loyal Friends groups who actively fundraise on behalf of the Hospice. We may look to increase this to 6 groups in our objective to "spread the word of the Hospice" throughout the community.

A new appointment of a Fundraising Director is planned and will replace the previous Director of Development - reflecting the need to embrace fundraising as a commercial discipline here at Trinity. This appointment will dovetail with a more marketing focussed approach to our communications both internally and externally giving greater clarity about the work of the Hospice and the services we provide.

Fundraising will work more closely with Finance in order to have better access to statistics and ensure all financial procedures are adhered to. Overall we need to become a little more businesslike in our approach.

The SMART objectives for the fundraising department reflect both the economic climate and the necessity to strengthen the donorbase.

## FUNDRAISING OBJECTIVES

### Objective 1

Ensure that the levels of income generation from donations (non-legacies) is maintained at current (2007/2008) levels or better over the next 3 years. Before the end of May 2009 define that income level for 2007/2008 as a baseline and develop indicators to allow easy monitoring of the position. Have the baseline and indicators agreed by the TMT Executive and report progress on a quarterly basis.

### Objective 2

Develop the Donorflex database to be the one Trinity database for all 'non-patient record' database activity. Before the end of June 2009 create a draft work plan to achieve this and have it agreed by the TMT Executive. The plan is to include the Job Description for the Donorflex Administrator, costings which include Donorflex 'gold service' support and a training and development schedule. Implementation of the plan to be completed by the end of December 2009.

### Objective 3

Prepare and launch the "Trinity Lottery". Recruit a co-ordinator in the summer of 2009 to develop the 'whole system' launch in 2010. Recruit at least 8000 members into the Trinity Lottery before the launch and create a mini business plan before the end of October 2009 setting out achieving £300k income in year one and targets for growth in subsequent years.

### Objective 4

Lead, co-ordinate and ensure effective delivery of; 12 significant Trinity 25th Anniversary events/initiatives in 2010. Agree with the TMT which events are to be delivered in that year, month by month and identify a staff or volunteer lead person for each event. Produce a plan on the delivery for agreement by the TMT before end of July 2009. Report on progress to the TMT Executive on a bi-monthly basis. Ensure the delivery generates extra income and does not exceed budgeted costs.

### Objective 5

Have the name, brand and work of Trinity understood across all of Blackpool, Fylde and Wyre. Before the end of 2012 to have grown the Trinity database of 'supporters' to have 40,000 'active' supporters and 25% of these supporters being outside Blackpool. At least 5% of the supporters to be corporate supporters rather than individual supporters.

## 9.2 TRINITY RETAIL ACTIVITY - CHARITY SHOPS

Our shops are very much community based and thrive both in high streets and secondary sites within high residential areas. We generally have excellent support in volunteers, donations and customers. In the shops the very essence of the operation is to generate as much money as we can out of every item donated to us. Any items donated that are not saleable are disposed of responsibly. In the shops we now utilise New Deal candidates and some selected prisoners from Kirkham prison who we consider are suitable to work with us. This is proving very cost effective and providing us with a stable and fairly reliable work force who we hope benefit from doing some worthwhile work with Trinity.

The focus moving the shops operation forward is to target areas that are high residential, community supported and perhaps on the edge of the main recognised Trinity catchment area. We want our Trinity charity shops to be, like Trinity, part of the community and we will look for locations with small traders and other charity retailers as well. A supermarket, post office, pubs, banks and bus stops situated near by is an advantage in playing our community role.

Trinity retailing took a sharp downward turn during the period 1998—2002. This was mainly due to three things: Loss of focus and direction in the basic operation, the shops at this time had not identified the key customers they were aiming to appeal to and had poor visual presentation/merchandising. By the end of 2003 these key issues were being consistently addressed and the shops were focusing on becoming more prominent within the community.

However the Trinity charity shops are not all the same in respect of what we sell and we try to meet the needs of the customers. Clifton Street opened in November 2008 selling furniture, bric a brac, books, music and home furnishings. This shop aims to sell at a lower price point than some other of our shops, acknowledging the lower income based and transient population within that part of Blackpool.

Most recently we have moved into utilising furniture and our Waterloo Road shop opened in July 2008 selling mainly large and small furniture.

As you will see from our objective we aim to have much more Trinity retail activity and will transform our Trinity charity shops operation so we can raise more income to support our Trinity family of services.

## RETAIL OBJECTIVES

### Objective 1

To increase Trinity shops income between 2009-2012 to achieve donations to Trinity Hospice of between £300k- £500k in 2012.

### Objective 2

By June 2009 develop a mini business plan which sets out all the essential criteria for a Trinity shops 'ideal' retail shop and engage specialist agents to source units as near to ideal as realistically possible.

Define the planned number of shops to be opened and time scales of shop openings. This plan to be agreed by TMT.

### Objective 3

Mid to end of 2009 define criteria required for a Trinity retail distribution centre. Engage agents to source ideal premises. With the TMT Executive develop a proposal for the Trinity Board to consider the option of purchase or lease.

### Objective 4

2010 develop an 'options paper' to identify ways of providing door to door collections of donated goods in Fylde and Wyre.

### Objective 5

Early 2011 launch Trinity E Bay shop. Recommendations to the TMT Executive 2010.

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## 10 BUDGET

BUDGET		3 YEAR PLAN	
2009/10			
PAY		£	£
Current Pay Budget	General	4,301,058.00	
Specialist Medical		407,456.00	
Contracted Staff		48,060.00	4,756,574.00
<u>Posts to Fill:</u>			
Lecturer Practitioner		12,500.00	
CNS		39,680.00	
Support Secretary		9,200.00	
Fundraising Director		50,000.00	
Finance Clerk		13,500.00	
Learning Centre Secretary		8,200.00	
Head Housekeeper		14,700.00	
Medical Secretary		20,000.00	
Database Administrator		15,000.00	
Lottery Coordinator ( half year )		15,000.00	
Staff Grade Doctor		40,000.00	
Social Workers		80,000.00	317,780.00
	<b>Total</b>		<b>5,074,354.00</b>
 <u>Pay Award 2009/10:</u>			
1.7% General		79,337.00	
1.5% Specialist Medical		6,111.00	85,448.00
2.5% Vacancy Factor		-128,995.00	-128,995.00
	<b>TOTAL PAY</b>		<b>5,030,807.00</b>
 <u>NON PAY</u>			
2008/9 Baseline		887,165.00	
Inflation @ 2%		17,743.00	
 <u>Additions:</u>			
Volunteers Expenses		10,000.00	
Lottery Software		15,000.00	
IT ( upgraded link )		6,000.00	935,908.00
 <u>Non-repetitive:</u>			
Learning Centre Refurbishment		30,000.00	
IT ( Fundraising Software )		9,000.00	
Signage		20,000.00	
Evaluation of Children's Services		8,000.00	
Beds for Room 13		6,000.00	
Ventilators		4,000.00	
Oxygen Concentrators		8,000.00	85,000.00
	<b>TOTAL NON PAY</b>		<b>1,020,908.00</b>
	<b>TOTAL PAY AND NON PAY 2009/10</b>		<b>6,051,715.00</b>

2010/11	Outline Budget (subject to detailed review)	
PAY		5,030,807.00
Additions:		
Consultant 3 (full year cost )	111,650.00	
Lottery Co-ordinator ( to full year cost )	15,255.00	
Pilot Project ( Quality Assurance)	35,000.00	
Less Social Workers	-80,000.00	81,905.00
	Total	5,112,712.00
Pay Award 2010/11 at 1.7%		86,916.00
	TOTAL PAY	5,199,628.00
NON PAY		
2009/10 Baseline	935,908.00	
Inflation at 2%	18,718.00	954,626.00
Non-repetitive:		
DTU Refurbishment	37,000.00	
Replacement van	10,000.00	
Artwork to Chapel	50,000.00	
Extension to car park	75,000.00	172,000.00
	TOTAL NON PAY	1,126,626.00
	TOTAL PAY AND NON PAY 2010/11	6,326,254.00
2011/12	Outline Budget (subject to detailed review)	
PAY		5,199,628.00
Pay Award 2011/12 at 1.7%		88,408.00
	TOTAL PAY	5,288,036.00
NON PAY		
2010/11 Baseline	954,626.00	
Inflation at 2%	19,093.00	973,719.00
Non-repetitive:		
Brian House refurbishment	20,000.00	
Redevelop gardens	75,000.00	95,000.00
	TOTAL NON PAY	1,068,719.00
	TOTAL PAY AND NON PAY 2011/12	6,356,755.00

## Funding of budget 2009-2012

2009/10	£
PCT Contracts including Lymphoedema, CNS, Drugs	2,204,048.00
PCT funding for Middle Grade Doctor ( Temporary )	57,953.00
Inflation at 1.7%	38,454.00
PCT funding non-repetitive schemes	87,000.00
DOH contribution pension costs	88,448.00
DOH Children's services	185,000.00
Medical Activity ( students etc. )	42,000.00
Anticipated Income from Trading Subsidiary	300,000.00
Anticipated Income from Legacies and Donations	2,650,350.00
Balance of Children's Palliative Care Training Grant	30,000.00
Cascade Grant	20,000.00
Research Grant	17,800.00
<b>TOTAL</b>	<b>5,721,053.00</b>

2010/11

PCT Contract including Consultant 3	2,354,152.00
Inflation at 1.7%	40,020.58
PCT non-repetitive schemes	68,000.00
DOH Pension	90,216.00
DOH Children's Services	185,000.00
Medical Activity (students etc.)	44,000.00
Anticipated Income from Trading Subsidiary	400,000.00
Anticipated Income from Legacies and Donations	2,650,350.00
Anticipated Income from Lottery	300,000.00
Cascade Grant	20,400.00
Research Grant	18,150.00
TOTAL	6,170,288.58

2011/12	
PCT Contract	2,394,172.58
Inflation at 1.7%	40,701.00
PCT non-repetitive schemes	11,700.00
DOH Pension	92,020.00
DOH Children	185,000.00
Medical Activity (students etc.)	50,000.00
Anticipated Income from Trading Subsidiary	500,000.00
Anticipated Income from Legacies and Donations	2,650,350.00
Anticipated income from Lottery	400,000.00
Cascade Grant	20,508.00
Research grant	18,513.00
TOTAL	6,362,964.58

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