







## Trust Board Report

<b>Meeting Date:</b>	25 <sup>th</sup> November 2013
<b>Title:</b>	Trust Strategic Goals update – Quarter 2 2013/14
<b>Executive Summary:</b>	<p>This report provides the Board with a quarter two assessment against the business outcomes contained within the Trust's Strategic Goals for 2013/14 and provides re-assurance to the Board of remedial actions being taken to improve performance against the key business outcomes.</p> <p>The paper proposes that in line with review of Governance and reporting structures that future monitoring of strategic goals will be undertaken by the relevant sub committee of the Trust Board. Escalation to the Trust Board of significant underperformance will be decided by the Trust Board sub committee. Routine monitoring will be available for all Trust Board members via the minutes of the meeting(s).</p>
<b>Action Requested:</b>	To receive the Quarter Two Trust Strategic Goals update for 2013/14.
<b>Report of:</b>	Chief Operating Officer
<b>Author: Contact Details:</b>	Performance Manager Tel 01902 694470      Email: <a href="mailto:Lesley.taff@nhs.net">Lesley.taff@nhs.net</a>
<b>Resource Implications:</b>	none
<b>Public or Private:</b> (with reasons if private)	Public Session
<b>References:</b> (eg from/to other committees)	
<b>Appendices/ References/ Background Reading</b>	Appendix 1 – Trust Strategic Goals update 2013/14
<b>NHS Constitution:</b> (How it impacts on any decision-making)	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> <li> Equality of treatment and access to services</li> <li> High standards of excellence and professionalism</li> <li> Service user preferences</li> <li> Cross community working</li> <li> Best Value</li> <li> Accountability through local influence and scrutiny</li> </ul>

<p><b>1</b></p>	<p><b><u>BACKGROUND</u></b></p> <p>1.1 The financial year 2013/14 is the fifth year of the Integrated Business Plan. The IBP outlines what we expect to achieve, the way in which we will monitor and report progress and how our plans are aligned to the national drivers.</p>															
	<p>1.2 The Trust Strategic Goal progress report is aligned to the performance repository to ensure that we can evidence our assessment and progress against the related KPI/evidence base.</p>															
<p><b>2</b></p>	<p><b><u>Quarter Two 2013/14</u></b></p> <p>2.1 Attached as appendix 1 is the Trust Strategic Goal progress report updated for quarter two which outlines an assessment against each business outcome based on the performance against relevant KPI's. It also details remedial action to be taken to address those areas primarily with a risk rating of either amber or red.</p> <p>2.2 A summary of performance against the 64 business outcomes set at the beginning of the year is shown below:-</p> <table border="1" data-bbox="331 943 884 1151"> <thead> <tr> <th><u>Risk Rating</u></th> <th><u>Q1 13/14</u></th> <th><u>Q2 13/14</u></th> </tr> </thead> <tbody> <tr> <td>Green</td> <td>48 (75%)</td> <td>49 (76%)</td> </tr> <tr> <td>Amber</td> <td>15 (23%)</td> <td>14 (22%)</td> </tr> <tr> <td>Red</td> <td>1 (2%)</td> <td>1 (2%)</td> </tr> <tr> <td>Not Rated</td> <td>0 (0%)</td> <td>0 (0%)</td> </tr> </tbody> </table>	<u>Risk Rating</u>	<u>Q1 13/14</u>	<u>Q2 13/14</u>	Green	48 (75%)	49 (76%)	Amber	15 (23%)	14 (22%)	Red	1 (2%)	1 (2%)	Not Rated	0 (0%)	0 (0%)
<u>Risk Rating</u>	<u>Q1 13/14</u>	<u>Q2 13/14</u>														
Green	48 (75%)	49 (76%)														
Amber	15 (23%)	14 (22%)														
Red	1 (2%)	1 (2%)														
Not Rated	0 (0%)	0 (0%)														
<p><b>3</b></p>	<p><b><u>Proposal for Future Monitoring</u></b></p> <p>3.1 Given the detail contained within this report it is recommended that future monitoring of the objectives within The Trusts strategic goals is undertaken by a relevant Trust Board sub committee on a quarterly basis.</p> <p>3.2 This should enable the sub committees to undertake more relevant scrutiny against performance as and when required.</p> <p>3.3 Escalation with regard to serious concern or underperformance to the Trust Board will be via the sub committee exception reports submitted to the Trust Board. Routine monitoring will be noted in the minutes of the relevant sub-committee report to the Trust Board.</p>															
<p><b>4</b></p>	<p><b><u>Recommendation</u></b></p> <p>4.1 The Trust Board is asked to note current performance against the objectives and</p> <p>4.2 To approve the regular monitoring of the objectives via the relevant sub committee of the Trust Board.</p>															

THE ROYAL WOLVERHAMPTON NHS TRUST STRATEGIC GOAL PROGRESS UPDATE 2013/14							Qtr 1	Qtr 2	Qtr 3	Qtr 4
REF	BUSINESS OUTCOME	ACC EXEC	COMPLETION DATE	State likelihood and consequence of failure (RISK)	QUARTERLY ASSESSMENT	REMEDIAL ACTION	State likelihood and consequence of failure (RISK)	State likelihood and consequence of failure (RISK)	State likelihood and consequence of failure (RISK)	State likelihood and consequence of failure (RISK)
Strategic Goal 1 - To provide our patients and staff with a safe environment, ensure appropriate levels of staff and continuity of care through the patient journey involving and informing patients of what we do. This will be supported by the appropriate estate, equipment and facilities needed.										
1.1	To achieve =/>84% scoring in inpatient, outpatient and A&E surveys (90% in 5 years)	CE	March 2014	G			G	G		
1.2	The number of second letter complaints will be reduced by 50%	CE	March 2014	G			G	G		
1.3	There will be evidence that we have learnt from complaints through a formal process	CE	March 2014	G			G	G		
1.4	To reduce the HSMR to a confidence level of below 90	CE	March 2014	A	HSMR stable and mortality reviews take place routinely to identify outliers/concerns.		A	A		
1.5	Our Infection rates will be maintained at a position better than the national average.	CE	March 2014	A	MRSA bacteraemia and Clostridium Difficile within trajectory for year to date. Improvement in CAUTI.	Continue to monitor C.Diff as it is close to target	G	G		
1.6	We will gain NHSLA Level 3 for the general standards within 13/14.	CE	March 2014	A	Level 3 of the General Standards achieved in September 13 with top scores.		A	G		
1.7	We will continue to evidence progress against the implementation of the Governance Strategy to maintain compliance with the NHSLA and CQC standards	CE	March 2014	G	Annual audit of the Integrated Governance strategy and OP10 Risk Management reporting and Patient Safety report showed very good compliance and improvement on 2012. Compliance awarded to this criteria at NHSLA assessment.		G	G		
1.8	All of the KPIs related to meeting the spiritual needs of our patients will be met	CE	Quarterly - March 2014	G	Chaplaincy team will respond to emergency call out requests within 35 minutes (average) - quarterly average 22 mins. Chaplaincy team will respond to routine requests for call outs within 24 hours - 100% achieved. Chaplaincy team will visit each ward at least once per week - 100% achieved.		G	G		
1.9	We will improve the length of wait for the issue of death certificates through redesigning the Bereavement service	CE	On going	A			A	A		
1.10	We will deliver 'Harm Free Care' and monitor compliance through Safety Thermometer - aiming for 95% 'Harm Free Care'	CE	March 2014	G			G	G		
1.11	We will be registered without conditions with the Care Quality Commission and have full compliance with CQC outcomes	CE	March 2014	G	CQC report following Community Services visit showed full compliance. Formal report following schedule 2nd wave inspection is awaited but initial feedback is good. Trust needs to develop an internal assurance framework aligned to the new surveillance model, indicators and CQC domains.		G	A		
1.12	At least 75% of appropriate service re-design schemes will have patient involvement	GN	March 2014	G			G	G		

THE ROYAL WOLVERHAMPTON NHS TRUST STRATEGIC GOAL PROGRESS UPDATE 2013/14							Qtr 1	Qtr 2	Qtr 3	Qtr 4
REF	BUSINESS OUTCOME	ACC EXEC	COMPLETION DATE	State likelihood and consequence of failure (RISK)	QUARTERLY ASSESSMENT	REMEDIAL ACTION	State likelihood and consequence of failure (RISK)	State likelihood and consequence of failure (RISK)	State likelihood and consequence of failure (RISK)	State likelihood and consequence of failure (RISK)
1.13	We will deliver the KPIs associated with the Estates Strategy	KS	March 2014	A			G	G		
1.14	We will deliver the capital programme for 13/14 within budget	KS	March 2014	G			G	G		
<b>Strategic Goal 2 - To be the employer of choice providing a motivated, productive and committed workforce to achieve our delivery plans and visions</b>										
2.1	A minimum of 80% of staff will have undergone appraisal and have a Personal Development Plan (PDP) during the last 12 months	DH	March 2014	A	90.5% at the end of September.		A	G		
2.2	Staff would recommend the organisation as a place to work	DH	March 2014	A	National survey results not due until Q4 but chatback took place in Q2 and indicated green rating has been sustained.		G	G		
2.3	Staff would be happy with the standard of care provided by the Trust if a friend or relative needed treatment	DH	March 2014	A	National survey results not due until Q4 but chatback took place in Q2 and indicated green rating has been sustained.		G	G		
2.4	Our turnover rates will be less than the NHS National average of 13.2% (CIPD)	DH	March 2014	G	Turnover has risen compared to last quarter and last year but still tracking below national averages. 10.22% to September 2013.		G	G		
2.5	Staff sickness rates will be below the NHS National average of 3.74%	DH	March 2014	A	Year on year performance still improved but further work required - Sept at 3.98%.	Rollout of electronic absence management system well underway, due to complete by January 14. Continued monitoring at divisional and team level of absence levels and compliance with processes. Escalation of non-compliance with policy via divisional mgmt teams.	A	A		
2.6	Vacancy rates, in relation to medical and nursing posts (trained and untrained) will be less than 2% of the establishment	DH	March 2014	A	Continuing challenges regarding recruiting to certain medical vacancies e.g. A&E and midwifery. Business case for ICU and A&E led to short term rise in vacancy rates.	Working group on alternative medical models being set up to establish pipelines for hard to fill medical vacancies. Overseas recruitment opportunities being investigated.	A	A		
2.7	Agency expenditure for all grades of medical staff will be less than 1% of the pay budget (0.5% in three years)	DH	March 2014	A	Continuing challenges regarding recruiting to medical vacancies main cause of spend. Also some LTS backfill costs.	Working group on alternative medical models being set up to establish pipelines for hard to fill medical vacancies. Sickness mgmt and internal locum bank expansion plans will also impact positively on spend levels.	R	R		
2.8	We will have in place a Organisational Development, Management and Leadership Strategy and provide evidence of progress against the implementation plan	DH	March 2014	A	Policy currently under review		G	G		
2.9	We will have in place a fully developed HR Strategy and provide evidence of progress against the implementation plan	DH	March 2014	A	Policy currently under review		G	G		

THE ROYAL WOLVERHAMPTON NHS TRUST STRATEGIC GOAL PROGRESS UPDATE 2013/14							Qtr 1	Qtr 2	Qtr 3	Qtr 4
REF	BUSINESS OUTCOME	ACC EXEC	COMPLETION DATE	State likelihood and consequence of failure (RISK)	QUARTERLY ASSESSMENT	REMEDIAL ACTION	State likelihood and consequence of failure (RISK)	State likelihood and consequence of failure (RISK)	State likelihood and consequence of failure (RISK)	State likelihood and consequence of failure (RISK)
<b>Strategic Goal 3 - To achieve a balance between demand for service and capacity to deliver ensuring integrated working and seamless service within the Hospital</b>										
3.1	All patients subject to choice and clinical complexity will be treated within 18 weeks from referral treatment for both admitted and non-admitted pathways, and remain above tolerance levels of 90% admitted, 95% for non-admitted and 92% for Incomplete Pathways	GN	On-going	G	All specialties are working within tolerance levels for non-admitted care (95%). Admitted pathways are reported as 90.53% (target 90%) and Incomplete pathways are reported as 94.59% (target 92%) at end of Q2, however, this is only bottom line - we are not currently achieving these two targets by specialty	Two specialties are currently failing both the incomplete and admitted targets, these are General Surgery and Orthopaedics. Admitted target has not been achieved by these two specialties as part of an agreed action plan to reduce the number of patients waiting longer than 18 weeks which is a direct impact from the increase in the number of cancelled operations over the surge period.	A	A		
3.2	We will maintain or increase the number of community based out reach services and we will provide evidence of progress against the implementation plan	GN	On-going	G			G	G		
3.3	We will provide direct access to diagnostic services in all appropriate modalities	GN	March 2014	G			G	G		
<b>Strategic Goal 4 - To progressively improve the image and perception of the Trust within its market area and to build the confidence of the Health community</b>										
4.1	We will increase the number of referrals from outside Wolverhampton when compared with previous year on a month by month basis	ME	March 2014	G	We are actively monitoring Supply 2 Health to identify any opportunities that fit within our service portfolio and within Wolverhampton and neighbouring localities		G	G		
4.2	We will widen the area from which we receive referrals for 1st appointment (Source HES data)	ME	March 2014	G	We are actively monitoring Supply 2 Health to identify any opportunities that fit within our service portfolio and within Wolverhampton and neighbouring localities		G	G		
4.3	We will evidence progress against the Marketing Implementation Plan	ME	March 2014	G			G	G		
4.4	We will maintain a positive relationship with Overview and Scrutiny partners by attending the monthly meeting for Wolverhampton and ensuring communication at least 3 times per year with others	DL	March 2014	G	Trust continues to engage with overview and scrutiny		G	G		
4.5	Media coverage will be positive (80:20 split)	DL	March 2014	G	Media coverage continues to give a balanced picture of the Trust with a number of very positive stories in this quarter.		G	G		
4.6	Achievement of Trust success will be celebrated both internally and externally	DL	March 2014	G	The Trust has held its award ceremonies and has been shortlisted for/won a number of awards. There have been several high profile visits to the Trust in this quarter		G	G		
4.7	Using net promoter score we will increase our March 2012 baseline score by 10 points	CE	March 2014	G			G	G		
<b>Strategic Goal 5 - To be in the national NHS top quartile of benchmarks and measures of efficiency and productivity whilst achieving targets for local and national priorities</b>										
5.1	We will demonstrate continuous improvement against the 'Better Care, Better Value' clinical indicators and other relevant benchmarking	GN	March 2014	A	Compared with other Trusts in the West Midlands our position has improved from Q3 12/13 to Q4 12/13 in Day Case Rates, Pre-op Non-Elective, New to Review and Emergency Re-admission. Our position remained static in LOS, Pre-Op Elective and DNA Rates. We did not see any deterioration at all during Quarter 4.		G	G		

THE ROYAL WOLVERHAMPTON NHS TRUST STRATEGIC GOAL PROGRESS UPDATE 2013/14							Qtr 1	Qtr 2	Qtr 3	Qtr 4
REF	BUSINESS OUTCOME	ACC EXEC	COMPLETION DATE	State likelihood and consequence of failure (RISK)	QUARTERLY ASSESSMENT	REMEDIAL ACTION	State likelihood and consequence of failure (RISK)	State likelihood and consequence of failure (RISK)	State likelihood and consequence of failure (RISK)	State likelihood and consequence of failure (RISK)
5.2	We will demonstrate our efficiency by increasing the number of spells through available bed days, improving the ratio of clinical income vs staff costs and reducing average pay cost per admission	GN	March 2014	A			A	A		
5.3	We will have a robust process in place to provide assurances that the financial performance and quality impact of the CIP plans are being effectively monitored and routinely reported for 2013/14.	ME	March 2014	A	Monthly report presented to Board highlighting performance, shortfall and remedial actions where necessary.	Additional schemes to mitigate against shortfalls have been produced. Divisions have produced a recovery plan which is monitored via the Change Programme Group monthly.	A	A		
	The Programme Management Office (PMO) will ensure that a robust process is in place to monitor and report the development of detailed plans, with full consideration of the qualitative and financial impact, for 2014/15.	ME	March 2015	A	Process to develop the 14/15 CIP are in place and communicated across the organisation.	External support has been commissioned to help identify CIP opportunities for future years.	A	A		
5.4	We will agree the target contribution for each service line (SLR)	KS	March 2014	A		SLR contributions monitored at Operational Finance Group	A	A		
<b>Strategic Goal 6 - Deliver services within financial allocations, achieving the Financial Recovery Plan and Service Modernisation Plans</b>										
6.1	We will evidence progress against the SLR Action Plan	KS	March 2014	G			G	G		
6.2	We will achieve and maintain a Financial Risk Rating of between Level 3 and 4	KS	On-going	G			G	G		
6.3	Our reference costs will be below 100	KS	March 2014	G			G	G		
6.4	We will deliver a surplus in accordance with LTFM	KS	March 2014	G			G	G		
6.5	We will deliver actions following internal audits against agreed timescales	KS	March 2014	A	Actions remain outstanding albeit volumes are lower	Escalation process through Directors agreed and shared on a monthly basis	A	A		
6.6	The Auditors will provide an unqualified opinion of the Trust's accounts	KS	March 2014	G			G	G		
6.7	The Trust is able to authorise signing of the Annual Governance Statement	DL	March 2014	G			G	G		
6.8	We will meet our contractual obligations in relation to activity	ME	March 2014	G	Activity is broadly in line with contracted levels		G	G		
<b>Strategic Goal 7 - To be a high quality educator</b>										
7.1	95% of Quality Assurance visits from HEE West Midlands will be positive	DH	March 2014	G			G	G		
7.2	The Trust will retain its status for pre-registration nurses	DH	March 2014	G			G	G		
7.3	90% of feedback from Doctors in training will be positive	DH	March 2014	G			G	G		

THE ROYAL WOLVERHAMPTON NHS TRUST STRATEGIC GOAL PROGRESS UPDATE 2013/14							Qtr 1	Qtr 2	Qtr 3	Qtr 4
REF	BUSINESS OUTCOME	ACC EXEC	COMPLETION DATE	State likelihood and consequence of failure (RISK)	QUARTERLY ASSESSMENT	REMEDIAL ACTION	State likelihood and consequence of failure (RISK)	State likelihood and consequence of failure (RISK)	State likelihood and consequence of failure (RISK)	State likelihood and consequence of failure (RISK)
<b>Strategic Goal 8 - To agree with the wider health community appropriate population catchment areas for RWHT services and to develop and improve those services offered to our customers</b>										
8.1	We will work with Commissioners to deliver QIPP Programmes across Health Economies	ME	March 2014	G	There has been slippage in the delivery of the Commissioner QIPP Programme	RWT continue to work with Commissioners to implement the various strands of the QIPP programme, and progress is being made	A	A		
8.2	We will maintain or increase the number of joint medical staff appointments with other providers	GN	March 2014	G	Maintaining our position		G	G		
<b>Strategic Goal 9 - To develop our position as a tertiary centre</b>										
9.1	We will maintain or increase the number of clinics/specialties delivering Trust services in satellite units	GN	March 2014	G	Maintaining our position		G	G		
9.2	We will maintain or increase the number of patients from outside Wolverhampton using our Stroke Service	GN	March 2014	G	Maintaining our position		G	G		
9.3	We will maintain or increase the number of patients from outside Wolverhampton using our Primary PCI Service	GN	March 2014	G	Maintaining our position		G	G		
9.4	We will maintain or increase the number of patients from outside Wolverhampton using our Cancer Services	GN	March 2014	G	Maintaining our position		G	G		
9.5	We will maintain or increase the number of patients receiving existing tertiary services	GN	March 2014	G	Maintaining our position		G	G		
9.6	We will demonstrate an increase in participation in Clinical trials	JO	March 2014	G			G	G		
9.7	We will increase the level of Research and Development income	JO	March 2014	G	Income has been reduced for RCF funding (GMCRN) due to top slicing of network funding for New Host initiatives. Commercial income is variable and based		A	A		
9.8	We will increase the number of Consultants engaged in active research projects (Using 200-10 year end as a baseline - 31)	JO	March 2014	G			G	G		
<b>Strategic Goal 10 - To consolidate our position as a leading healthcare provider operating in a commercial environment</b>										
10.1	We will achieve Foundation status	DL	April 2014	A	The Trust is on target to reactivate its application in November.		A	A		
10.2	We will demonstrate progress against the Service Line Management implementation plan	GN	March 2014	G			G	G		
10.3	We will increase the number of registered innovations from across the Trust	JO	March 2014	G			G	G		
10.4	The Trust Board will demonstrate progress against the Board Development programme	DH	March 2014	G			G	G		
10.5	We will undertake an annual evaluation of Board Performance and develop an action plan	DH	March 2014	G	3 year Board evaluation plan in development		G	G		

LEVEL	DESCRIPTOR	DESCRIPTION
A	Almost certain	Likely to occur on many occasions; a persistent risk.
B	Likely	Will probably occur, however not a persistent risk.
C	Possible	May occur occasionally
D	Unlikely	Not expected to occur, however could given the right circumstances.
E	Rare	Not expected to occur.

Likelihood	Consequence				
	1 - Insignificant	2 - Minor	3 - Moderate	4 - Major	5 - Catastrophic
A - Almost Certain	Yellow	Yellow	Orange	Red	Red
B - Likely	Yellow	Yellow	Orange	Red	Red
C - Possible	Green	Yellow	Orange	Red	Red
D - Unlikely	Green	Green	Yellow	Orange	Red
E - Rare	Green	Green	Yellow	Orange	Red