

Trust Board Report

Meeting Date:	24 th September 2012
Title:	Trust Strategic Goals update – Quarter 1 2012/13
Executive Summary:	This report provides the Board with a quarter one assessment against the business outcomes contained within the Trust's Strategic Goals for 2012/13 and provides re-assurance to the Board of remedial actions being taken to improve performance against the key business outcomes.
Action Requested:	To receive the Quarter One Trust Strategic Goals update for 2012/13.
Report of:	Chief Operating Officer
Author: Contact Details:	Performance Manager Tel 01902 694470 Email: Lesley.taff@nhs.net
Resource Implications:	
Public or Private: (with reasons if private)	Public Session
References: (eg from/to other committees)	
Appendices/ References/ Background Reading	Appendix 1 – Trust Strategic Goals update 2012/13
NHS Constitution: (How it impacts on any decision-making)	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> ✚ Equality of treatment and access to services ✚ High standards of excellence and professionalism ✚ Service user preferences ✚ Cross community working ✚ Best Value ✚ Accountability through local influence and scrutiny

Background Details

1	<p><u>BACKGROUND</u></p> <p>1.1 The financial year 2012/13 is the fourth 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>
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	<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>2</p>	<p><u>Quarter One 2012/13</u></p> <p>2.1 Attached as appendix 1 is the annual plan updated for quarter one 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 66 business outcomes set at the beginning of the year is shown below:-</p> <table data-bbox="331 674 740 846"> <thead> <tr> <th><u>Risk Rating</u></th> <th><u>Quarter 1 12/13</u></th> </tr> </thead> <tbody> <tr> <td>Green</td> <td>45 (68%)</td> </tr> <tr> <td>Amber</td> <td>21 (31%)</td> </tr> <tr> <td>Red</td> <td>1 (1%)</td> </tr> <tr> <td>Not Rated</td> <td>0 (0%)</td> </tr> </tbody> </table>	<u>Risk Rating</u>	<u>Quarter 1 12/13</u>	Green	45 (68%)	Amber	21 (31%)	Red	1 (1%)	Not Rated	0 (0%)
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THE ROYAL WOLVERHAMPTON NHS TRUST STRATEGIC GOAL PROGRESS UPDATE 2012/13

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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 $\geq 84\%$ scoring in inpatient, outpatient and A&E surveys (90% in 5 years)	CE	March 2013	G			G			
1.2	The number of second letter complaints will be reduced by 50%	CE	March 2013	G			G			
1.3	There will be evidence that we have learnt from complaints through a formal process	CE	March 2013	G			G			
1.4	To reduce the HSMR to a confidence level of below 90	CE	March 2013	A	Reported as 92 for June 12		A			
1.5	Our Infection rates will be maintained at a position better than the national average.	CE	March 2013	A	No RWHT-attributable MRSA bacteraemia in Q1. New Cross and West Park Hospitals within external target for C. difficile infections in Q1.	Ongoing high level environmental decontamination with hydrogen peroxide is being used to ensure the environment is optimally decontaminated in all areas that have housed C. difficile patients. Training on hand hygiene, infection prevention and antimicrobial prescribing part of induction and mandatory training programmes.	G			
1.6	We will gain NHSLA Level 2 for Maternity and will work towards achieving Level 3 by March 2014 and Level 3 general maintained.	CE	March 2013	A			A			
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 2013	G			A			
1.8	All of the KPIs related to meeting the spiritual needs of our patients will be met	CE	Quarterly - March 2013	G	Chaplaincy team will respond to emergency call out requests within 35 minutes (average) - quarterly average 18.5 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			
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			
1.10	We will deliver 'Harm Free Care' and monitor compliance through Safety Thermometer - aiming for 95% 'Harm Free Care'	CE	March 2013	G			A			
1.11	We will be registered without conditions with the Care Quality Commission and have full compliance with CQC outcomes	CE	March 2013	G			A			
1.12	At least 75% of appropriate service re-design schemes will have patient involvement	GN	March 2013	G			G			
1.13	We will deliver the KPIs associated with the Estates Strategy (% delivery to be agreed)	KS	June 2012	A			A			
1.14	We will deliver the capital programme for 12/13 within budget	KS	March 2013	G			G			

Strategic Goal 2 - To be the employer of choice providing a motivated, productive and committed workforce to achieve our delivery plans and visions

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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 2013	A	Good progress. Additional action being taken with medical staff in preparation for revalidation. Aug figure = 82.1%		G			
2.2	Staff would recommend the organisation as a place to work	DH	March 2013	A	61% of staff responded positively in national survey conducted in Autumn/Winter 2011.	Local action planning has taken place response was 62% in Chatback conducted in July/Aug 2012. Review and update to action plans to be carried out.	A			
2.3	Staff would be happy with the standard of care provided by the Trust if a friend or relative needed treatment	DH	March 2013	A	65% of staff responded positively in national survey conducted in Autumn/Winter 2011.	Local action planning has taken place response was 78% in Chatback conducted in July/Aug 2012. Review and update to action plans to be carried out.	A			
2.4	Our turnover rates will be less than the NHS National average of 13.2% (CIPD)	DH	March 2013	G	Significantly lower than national averages		G			
2.5	Staff sickness rates will be below the NHS National average of 3.74%	DH	March 2013	A	Overall trust rate is above target although the divisional picture is more positive with all but Division 2 on/under target.	Policy revised and subject to agreement at TMT will be implemented across the Trust. Callback system in place across the Trust.	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 2013	A	1.78% trained nurses & 2.28% non-trained		G			
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 2013	A	Agency expenditure above target due to training vacancies and national level speciality shortages at consultant/middle grade level e.g. in emergency medicine etc.	Alternative resourcing approaches being implemented e.g. overseas recruitment, dual accredited posts, creation of an internal locum bank etc.	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 2013	A	Report finished, to go to HR sub in September 2012		G			
2.9	We will have in place a fully developed HR Strategy and provide evidence of progress against the implementation plan	DH	March 2013	A	Progress on track and reported through HR sub.		G			
Strategic Goal 3 - To achieve a balance between demand for service and capacity to deliver ensuring integrated working and seamless service within the Hospital										
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	Ongoing	G	All specialties are working within tolerance levels of 90% for admitted and 95% for non-admitted care. Incomplete pathways are reported as 96.54% at end of Q1		G			
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	Ongoing	G	Maintaining our position		G			
3.3	We will provide direct access to diagnostic services in all appropriate modalities	GN	March 2012	G	Maintaining our position		G			
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										
4.1	The rate of GP/Dental referrals will remain stable or increase when compared with previous year	ME	March 2013	G	The number of GP/Dental referrals rose by 4.5% between 2010/11 and 2011/12.		G			
4.2	We will increase the number of referrals from outside Wolverhampton when compared with previous year on a month by month basis	ME	March 2013	G	The number of Total referrals from outside Wolverhampton rose by 2.4% between 2010/11 and 2011/12, predominantly coming from South Staffs and Walsall.		G			
4.3	We will widen the area from which we receive referrals for 1st appointment (Source HES data)	ME	March 2013	G	The footprint for the Trust for secondary and tertiary services continues to grow		G			
4.4	We will evidence progress against the Marketing Implementation Plan	ME	March 2013	G	There has been progress against the objectives within the plan		G			

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4.5	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 2013	G	Regular engagement and communication		G			
4.6	Media coverage will be positive (80:20 split)	DL	March 2013	G	Achieved media split 82:18		G			
4.7	Achievement of Trust success will be celebrated both internally and externally	DL	March 2013	G			G			
4.8	Using net promoter score we will increase our March 2012 baseline score by 10 points	CE	March 2013	G			A			
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										
5.1	We will demonstrate continuous improvement against the 'Better Care, Better Value' clinical indicators and other relevant benchmarking	GN	March 2013	A	Compared with other Trusts in the West Midlands our position has improved from Q3 11/12 to Q4 11/12 in LoS, Day Case Rates, Pre-op (non-elective) and New to Review. Our position in relation to Pre-op (elective), DNA, and Emergency Readmission rates have remained static, we have seen no deterioration during the quarter.		A			
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 2013	A			A			
5.3	We will have robust CIP plans in place for 2013/14 and 14/15 and deliver plan for 2012/13	ME	March 2013	A	A Programme Management Office (PMO) has been established which reports monthly progress on achievement against milestones, savings and quality to both Change Programme and Trust Boards. At Q1 the CIP Programme is £386,000 behind plan.	Mitigation plans have been requested from relevant areas across the trust to ensure the shortfall is managed and the position is corrected.	A			
		ME	March 2014	A			A			
5.4	We will agree the target contribution for each service line (SLR)	KS	June 2012	A	Agreement was expected by Q1 but with new COO starting this has been delayed to the end of September		A			
Strategic Goal 6 - Deliver services within financial allocations, achieving the Financial Recovery Plan and Service Modernisation Plans										
6.1	We will evidence progress against the SLR Action Plan	KS	March 2013	G			G			
6.2	We will achieve and maintain a Financial Risk Rating of between Level 3 and 4	KS	Ongoing	G			G			
6.3	Our reference costs will be below 100	KS	March 2013	G	Awaiting the reference costs for 2011/12 normally released around October		G			
6.4	We will deliver a surplus in accordance with LTFM	KS	March 2013	G	The Trust at Q1 was £0.6m behind the business plan		A			
6.5	We will deliver actions following internal audits against agreed timescales	KS	March 2013	A	Position at the end of August improved but there were still 14 high/moderate actions not delivered		A			
6.6	The Auditors will provide an unqualified opinion of the Trust's accounts	KS	June 2012	G			G			
6.7	The Trust is able to authorise signing of the Annual Governance Statement	DL	April 2012	G	Statement approved by external audit and published by due date		G			

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6.8	We will meet our contractual obligations in relation to activity	ME	March 2013	G			G			
Strategic Goal 7 - To be a high quality educator										
7.1	95% of Royal College visits will be positive	DH	March 2013	G			G			
7.2	The Trust will retain its status for pre-registration nurses	DH	March 2013	G			G			
7.3	95% of feedback from Junior Doctors in training will be positive	DH	March 2013	G			G			
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										
8.1	We will work with Commissioners to deliver QIPP Programmes across Health Economies	ME	March 2013	G		Established joint Modernisation Programme Board with the Commissioner to develop QIPP plans and to monitor implementation	A			
8.2	We will provide evidence to demonstrate progress against the Wolverhampton Maternity Services Strategy Implementation Plan	GN	March 2013	G	On track		G			
8.3	We will maintain or increase the number of joint medical staff appointments with other providers	GN	March 2013	G	Maintaining our position		G			
Strategic Goal 9 - To develop our position as a tertiary centre										
9.2	We will maintain or increase the number of clinics/specialties delivering Trust services in satellite units	GN	March 2013	G	Maintaining our position		G			
9.3	We will maintain or increase the number of patients from outside Wolverhampton using our Stroke Service	GN	March 2013	G	Maintaining our position		G			
9.4	We will maintain or increase the number of patients from outside Wolverhampton using our Primary PCI Service	GN	March 2013	G	Maintaining our position		G			
9.5	We will maintain or increase the number of patients from outside Wolverhampton using our Cancer Services	GN	March 2013	G	Maintaining our position		G			
9.6	We will maintain or increase the number of patients receiving existing tertiary services	GN	March 2013	G	Maintaining our position		G			
9.7	We will demonstrate that specialised services commissioners have transferred activity from other centres	ME	March 2013	A	Positive support from Specialist Services to move cystic fibrosis activity to RWT from Birmingham Heartlands - implementation plan in place	Joint implementation plan agreed	G			
9.8	We will demonstrate an increase in participation in Clinical trials	JO	March 2013	G	The current trials open are recruiting small numbers of patients due to the design and the complexity of trial.	Own account trials which are sponsored by industry/charities are being submitted for NIHR adoption.	A			
9.9	We will increase the level of Research and Development income	JO	March 2013	G	Small increases expected	Applying for additional trial income through industry, grants and WMNCLRN	G			
9.10	We will increase the number of Consultants engaged in active research projects (Using 200-10 year end as a baseline - 31)	JO	March 2013	G	Increase the number of consultants active in less active areas and maintain levels in active areas	Training updates and new research areas to be opened	G			
Strategic Goal 10 - To consolidate our position as a leading healthcare provider operating in a commercial environment										
10.1	We will achieve Foundation status	DL	March 2013	A	Trust in final phase of assessment process		A			
10.2	We will demonstrate progress against the Service Line Management implementation plan	GN	March 2013	G			G			

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10.3	We will increase the number of registered innovations from across the Trust	JO	March 2013	G	Increased number of innovations >15	Additional Audits planned	G			
10.4	The Trust Board will demonstrate progress against the Board Development programme	DH	March 2013	G	As monitored through Board training sessions. To be reviewed post September 2012		G			
10.5	We will undertake an annual evaluation of Board Performance and develop an action plan	DH	March 2013	G	To be reviewed post September 2012		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