

Trust Board Report

Meeting Date:	20 th May 2013
Title:	Trust Strategic Goals update – Quarter 4 2012/13
Executive Summary:	This report provides the Board with a quarter four 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 Four 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)	<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"> ✚ 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 Four 2012/13</u></p> <p>2.1 Attached as appendix 1 is the Trust Strategic Goal progress report updated for quarter four 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 border="1" data-bbox="331 712 1326 882"> <thead> <tr> <th><u>Risk Rating</u></th> <th><u>Q1 12/13</u></th> <th><u>Q2 12/13</u></th> <th><u>Q3 12/13</u></th> <th><u>Q4 12/13</u></th> </tr> </thead> <tbody> <tr> <td>Green</td> <td>45 (68%)</td> <td>43 (65%)</td> <td>45 (68%)</td> <td>52 (79%)</td> </tr> <tr> <td>Amber</td> <td>21 (31%)</td> <td>20 (30%)</td> <td>19 (29%)</td> <td>12 (18%)</td> </tr> <tr> <td>Red</td> <td>1 (1%)</td> <td>3 (5%)</td> <td>2 (3%)</td> <td>2 (3%)</td> </tr> <tr> <td>Not Rated</td> <td>0 (0%)</td> <td>0 (0%)</td> <td>0 (0%)</td> <td>0 (0%)</td> </tr> </tbody> </table>	<u>Risk Rating</u>	<u>Q1 12/13</u>	<u>Q2 12/13</u>	<u>Q3 12/13</u>	<u>Q4 12/13</u>	Green	45 (68%)	43 (65%)	45 (68%)	52 (79%)	Amber	21 (31%)	20 (30%)	19 (29%)	12 (18%)	Red	1 (1%)	3 (5%)	2 (3%)	2 (3%)	Not Rated	0 (0%)	0 (0%)	0 (0%)	0 (0%)
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THE ROYAL WOLVERHAMPTON NHS TRUST STRATEGIC GOAL PROGRESS UPDATE 2012/13							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 \geq 84% scoring in inpatient, outpatient and A&E surveys (90% in 5 years)	CE	March 2013	G			G	G	G	G
1.2	The number of second letter complaints will be reduced by 50%	CE	March 2013	G			G	A	G	G
1.3	There will be evidence that we have learnt from complaints through a formal process	CE	March 2013	G			G	G	G	G
1.4	To reduce the HSMR to a confidence level of below 90	CE	March 2013	A			A	A	A	A
1.5	Our Infection rates will be maintained at a position better than the national average.	CE	March 2013	A	The end of year position for C difficile numbers was 41 against an objective of 57 for the Trust. MRSA one case in September 12. Actions to reduce DRHAB's and sustain CDI are high priority		G	A	G	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	Maternity has successfully achieved level 2 NHSLA accreditation in March 13.		A	A	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 2013	G	A repository to include Quality metrics and performance indicators is in development. Once finalised will inform compliance with CQC standard compliance along with audit and peer review results.	Re-visit mapping to CQC outcomes once new quality metrics finalised.	A	A	A	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 24.5 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%		G	G	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	14% of certificates continue to take more than 4 days to issue		A	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 2013	G	We continue to score favourably with gradual increase in % greater than 90%		A	A	A	G
1.11	We will be registered without conditions with the Care Quality Commission and have full compliance with CQC outcomes	CE	March 2013	G	CQC report January 13 confirms compliance with all standards. Confirmed registration with no conditions Feb 2013		A	A	A	G
1.12	At least 75% of appropriate service re-design schemes will have patient involvement	GN	March 2013	G			G	G	G	G

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1.13	We will deliver the KPIs associated with the Estates Strategy	KS	June 2012	A			G	A	G	G
1.14	We will deliver the capital programme for 12/13 within budget	KS	March 2013	G			G	G	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										
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	End March compliance = 85.2%		G	G	G	G
2.2	Staff would recommend the organisation as a place to work	DH	March 2013	A	2012 results indicate above national average for acute Trusts		A	A	A	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 2013	A	2012 results indicate above national average for acute Trusts		A	A	A	G
2.4	Our turnover rates will be less than the NHS National average of 13.2% (CIPD)	DH	March 2013	G			G	G	G	G
2.5	Staff sickness rates will be below the NHS National average of 3.74%	DH	March 2013	A	Significant progress made and at the end of March sickness rate was only 0.04% off the target. Overall quarterly performance was below target hence amber rating.	Continued monitoring/escalation through operational performance meetings. New policy gaining traction. Sickness management system in development and pilot planned for 1st May	A	A	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 2013	A			G	G	G	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		Temporary staffing project looking at reducing time between post becoming vacant and replacement being secured. Medical locum bank expansion in progress.	R	R	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 2013	A	On track. Monitored at HR sub and E&T committee		G	G	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 2013	A			G	G	G	G

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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	On-going	G	All specialties are working within tolerance levels for 90% for admitted and 95% for non-admitted care. Incomplete pathways are reported as 94.22% at end of Q4, however, this is only bottom line - we are not currently achieving this target by	Two specialties are currently failing this 92% target, these are General Surgery and Orthopaedics. Additional operating will help reduce the incomplete breaches, but will have a greater effect by helping to stop additional breaches occurring.	G	G	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	G	G
3.3	We will provide direct access to diagnostic services in all appropriate modalities	GN	March 2012	G			G	G	G	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			G	G	G	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			G	G	G	G
4.3	We will widen the area from which we receive referrals for 1st appointment (Source HES data)	ME	March 2013	G			G	G	G	G
4.4	We will evidence progress against the Marketing Implementation Plan	ME	March 2013	G			G	G	G	G
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			G	G	G	G
4.6	Media coverage will be positive (80:20 split)	DL	March 2013	G			G	G	G	G
4.7	Achievement of Trust success will be celebrated both internally and externally	DL	March 2013	G			G	G	G	G
4.8	Using net promoter score we will increase our March 2012 baseline score by 10 points	CE	March 2013	G			A	G	G	G
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 Q2 12/13 to Q3 12/13 in Pre-op (both Elective & Non-elective). Our position in relation to Emergency Readmissions remained static. We saw a deterioration in LOS, Day case rates, DNA and New to	A full review of the BCBV indicators was undertaken by all directorates within Q4. Opportunity for increased efficiency are now in the 2013/14 CIP plan	A	A	A	A

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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	A	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	84% of the CIP plan for 2012/13 has been delivered of which 61% is recurrent.		A	A	A	A
		ME	March 2014	A	A full plan is in place to deliver the 2013/14 CIP target.	Work is continuing to develop plans to address the carry forward amounts following the 2012/13 shortfall.	A	A	A	A
5.4	We will agree the target contribution for each service line (SLR)	KS	June 2012	A			A	G	G	G
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	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	G	G
6.3	Our reference costs will be below 100	KS	March 2013	G			G	G	G	G
6.4	We will deliver a surplus in accordance with LTFM	KS	March 2013	G			A	A	G	G
6.5	We will deliver actions following internal audits against agreed timescales	KS	March 2013	A		There remain some outstanding actions. An escalation process will be agreed at June Audit committee and performance managed accordingly.	A	A	A	A
6.6	The Auditors will provide an unqualified opinion of the Trust's accounts	KS	June 2012	G			G	G	G	G
6.7	The Trust is able to authorise signing of the Annual Governance Statement	DL	April 2012	G			G	G	G	G
6.8	We will meet our contractual obligations in relation to activity	ME	March 2013	G			G	G	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	G	G	G
7.2	The Trust will retain its status for pre-registration nurses	DH	March 2013	G			G	G	G	G
7.3	65% of feedback from Junior Doctors in training will be positive	DH	March 2013	G			G	G	G	G

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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	Work required to deliver the QIPP programme has not delivered as there has been insufficient commissioner capacity to deliver the entire programme.	QIPP schemes have been rolled over into 13/14, with a framework around delivery of the actions required. This framework is within the Service Development Improvement Plan within the contract and will be monitored as part of the monthly Contract Review meetings	A	A	A	A
8.2	We will provide evidence to demonstrate progress against the Wolverhampton Maternity Services Strategy Implementation Plan	GN	March 2013	G			G	G	G	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	G	G	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	G	G	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	G	G	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	G	G	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	G	G	G
9.6	We will maintain or increase the number of patients receiving existing tertiary services	GN	March 2013	G	Maintaining our position		G	G	G	G
9.7	We will demonstrate that specialised services commissioners have transferred activity from other centres	ME	March 2013	A			G	G	G	G
9.8	We will demonstrate an increase in participation in Clinical trials	JO	March 2013	G			A	A	A	G
9.9	We will increase the level of Research and Development income	JO	March 2013	G			G	G	A	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			G	G	G	G

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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	April 2014	A		Trust is on target with key actions to achieve this goal, however, overall delays means this is amber rated	A	R	A	A
10.2	We will demonstrate progress against the Service Line Management implementation plan	GN	March 2013	G			G	G	G	G
10.3	We will increase the number of registered innovations from across the Trust	JO	March 2013	G			G	G	G	G
10.4	The Trust Board will demonstrate progress against the Board Development programme	DH	March 2013	G	Review of plan to be agreed by Board	Board development programme to be discussed at next Board meeting	G	A	A	A
10.5	We will undertake an annual evaluation of Board Performance and develop an action plan	DH	March 2013	G	Not started	Board performance evaluation to be discussed at next Board meeting	G	R	R	R

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