The Royal Wolverhampton Hospitals NHS Trust

NHS

Trust Board Report

Meeting Date:	27th February 2012
Title:	Acute Trust Annual Plan – Quarter Three 2011/2012
Executive Summary:	This report provides the Board with a quarter three assessment against the business outcomes contained within the Trust's Annual Plan for 2011-2012 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 Three Annual Plan update for 2011/2012.
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 – Quarter Three Annual Plan 2011/2012
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: - 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 **BACKGROUND**

1.1 The financial year 2011/2012 is the third 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.

1.2 The Annual Plan is aligned to the performance repository to ensure that we can evidence our assessment and progress against the related KPI/evidence base.

2

QUARTER THREE 2011/2012

2.1 Attached as appendix 2 is the annual plan updated for quarter three 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.

2.3 A summary of performance against the 79 business outcomes set at the beginning of the year is shown below:-

Risk Rating	Q 1 11/12	Q2 11/12	Q3 11/12
Green	52 (66%)	50 (63%)	53 (67%)
Amber	23 (29%)	24 (29%)	19 (24%)
Red	4 (5%)	5 (6%)	6 (8%)
Not Rated	0 (0%)	0 (0%)	1 (1%) (no longer monitored)

APPENDIX 2

THE ROYAL WOLVERHAMPTON NHS TRUST ANNUAL PLAN 2011/2012							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 are 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 2012	G			G	G	G	
1.2	The number of complaints will be less than 1% of activity	CE	March 2012	G			G	G	G	
1.3	There will be evidence that we have learnt from complaints through a formal process	CE	March 2012	G			A	A	G	
1.4	To reduce the HSMR to a confidence level of below 90	CE	March 2012	A	Reported as 99.2 for October 11		R	A	A	
1.5	Our Infection rates will be maintained at a position better than the national average.	CE	March 2012	A	MRSA Bacteraemia remains zero for the year C diff infection is showing a decrease on a rolling quarter basis post dual testing. However, the annual trajectory has been breached. All action plans, C diff, HCAI and annual programme of work on plan including progression to automated data and DRHAB's		R	R	R	
1.6	We will maintain NHS LA Level 1 for Maternity and will work towards achieving Level 2 by March 2012.	CE	March 2012	A	The progress of work reported to Compliance Committee in February 12 identified 4 red areas that are unlikely to meet the criteria at assessment. In spite of this, the anticipated assessment score is predicting an overall pass for level 2.	The directorate have actions in place to improve red or amber score. A mock assessment is planned for February using independent expertise from a recently successful at maternity level 2 assessment.	A	A	A	

APPENDIX 2

THE ROYAL WOLVERHAMPTON NHS TRUST ANNUAL PLAN 2011/2012							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)
1.7	We will continue to evidence progress against the implementation of the Governance Strategy to maintain compliance with the NHSLA and CQC standards	CE	March 2012	G	Slight delay in completion of policies for NHSLA level 1. A review of compliance at level 2 was completed over Dec 11 and Jan 12 with improvement actions identified and fed back to service areas. Audit reports for level 3 have commenced, some of which show a need for improvement actions and re-audit before the assessment. CQC compliance reports are being made to Compliance committee. The acute services self assessment (as at Feb 12) has no red areas of compliance actions in place to improve 3 ambers scores and review in 2 months at Compliance committee. Training for the roll out of PA to community services begins Feb 12 to allow future monitoring and reports via performance accelerator.	Complete configuration and roll out of Performance accelerator for community services. Include audit and other triangulation data into PA at service level to validate self assessment. Future work to review acute configuration of PA to capture service level compliance as opposed to directorate only.	G	A	A	
1.8	All of the KPIs related to meeting the spiritual needs of our patients will be met	CE	Quarterly. March 2012	G	Chaplaincy team will respond to emergency call out requests within 35 minutes (average) - for Q3 22 mins. Chaplaincy team will respond to routine requests for call outs within 24 hours - for Q3 100% Chaplaincy team will visit each ward at least once per week - for Q3 100%		G	G	G	
1.9	We will provide evidence of progress towards full implementation of the 'Productive Ward' programme and expand to include other Productive modules	CE	March 2012	G	Wards are continuing to implement and revisit Productive Ward modules. Creating Best Practice Wards will share learning, linking their work streams to Productive modules and lean methodology. New Productive Theatres lead in post (Jan)- work on modules in 15 theatres ongoing. Plans being worked up to roll-out to all theatres. SafeHands system is being developed to evidence some productive metrics for both PW and TPOT. PCH has been fully implemented and being revisited to ensure sustainability. PCS in progress and roll-out plan being worked on. PCS in 8 Virtual wards and 3 other areas. PL on target and learning shared with divisions in order to spread and sustain.	Aim for all wards to have completed all modules by Dec 2012. Wards who have completed all should revisit modules that will assist with improving patient safety and patient and staff experience TPOT modules to be completed in all theatres by March 2013 West park - 4 wards to revisit modules that will assist with improving patient safety and patient and staff experience. Continue with implementation of PCS to all Community teams by March 2013 (DH target is that all patients will receive Productive care by April 2013)	A	G	G	
1.10	We will demonstrate continuous and sustained improvement against nursing and midwifery patient care indicators	CE	On going	A			A	A	A	
1.11	We will be registered without conditions with the Care Quality Commission and have full compliance with CQC outcomes	CE	March 2012	G	Same as 1.7 above for CQC	Progress internal systems for ongoing monitoring of compliance as in 1.7 above.	G	A	A	
1.12	We will maintain good rates of Riddor & Incident reporting particularly in relation to NPSA good practice guidance	CE	March 2012	A	Timely and appropriate reporting of RIDDOR incidents. All RIDDOR incidents are investigated for local actions. Majority of RIDDOR reportable incidents continue to be over 3 day injuries. This will be impacted by the HSE change of regulation to over 7 days.	Focused work planned for sharp injuries.	A	G	G	

APPENDIX 2

THE ROYAL WOLVERHAMPTON NHS TRUST ANNUAL PLAN 2011/2012							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	98% of staff will have a KSF outline by March 2011	DH	March 2012	G	Although KSF outlines are in place they have not all been ratified and therefore cannot be used to inact gateway management.	Follow up with managers to get ratified. Escalation if does not get resolved.	G	A	A	
1.14	At least 75% of appropriate service re-design schemes will have patient involvement	VH	March 2012	G			G	G	G	
1.15	We will deliver the KPIs associated with the Estates Strategy (% delivery to be agreed)	KS	March 2012	A	Significant improvement		A	A	A	
1.16	We will deliver the capital programme for 11/12 within budget	KS	March 2012	G	Plans in place to accelerate capital spend from 2012/13. Anticipate underspend to be circa £0.5million		R	A	G	
1.17	Deliver Community Business Plan Service and Quality projects	VH	March 2012	G			G	G	A	
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 2012	A	72.7% In December 2011	Directorates who are poorly performing are being targeted. Escalation reports (those outstanding appraisals > 3 months) also now being produced	A	A	A	
2.2	We will monitor our staff profile in line with the population we serve (measured by Wolverhampton City Council Statistics 2008)	DH	March 2012	A	Shift of 2.49% from City Council Data - reported as green		A	G	G	
2.3	At least 80% of our workforce (who have given us a post code) lives within our catchment population. (This will be based on all Wolverhampton postcodes plus a further top 20 postcodes reflective of our users)	DH	March 2012	A	48.05% in December 2011		A	A	A	
2.4	Our turnover rates will be less than the NHS National average of 13.2% (CIPD)	DH	March 2012	G	7.75% in December 2011		G	G	G	
2.5	Staff sickness rates will be below the NHS National average of 4%	DH	March 2012	A	4.55% in month 4.71% moving annual average	Policy review underway. Enhanced recording and reporting process in development. Management at a departmental level for those under performing against target.	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 2012	A	1.73% trained nurses & 1.28% non-trained		A	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 2012	A	0% for nursing agency & 5.8% for medical agency	Feasibility study for an internal locum bank in progress. Recruitment campaign in A&E underway to fill gaps at junior and consultant level.	R	R	R	

APPENDIX 2

THE ROYAL WOLVERHAMPTON NHS TRUST ANNUAL PLAN 2011/2012							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)
2.8	We will receive a response rate =/>45% for our staff surveys	DH	March 2012	A	Results embargoed so no response rate known yet.		A	A	A	
2.9	We will have in place a Organisational Development, Management and Leadership Strategy and provide evidence of progress against the implementation plan	DH	March 2012	A	6 monthly reporting to HR sub committee provides updates around progress		G	G	G	
2.10	We will have in place a fully developed HR Strategy and provide evidence of progress against the implementation plan	DH	March 2012	A	6 monthly reporting to HR sub committee provides updates around progress		G	G	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 (95th percentile at 23 weeks) and 95% for non-admitted (95th percentile at 18.3 weeks)	VH	Ongoing	G	All specialties are working within tolerance levels of 90% for admitted and 95% for non-admitted care. 95th percentile position at Q2 was 20.11 for admitted and 16.8 for non-admitted (both within target)		G	G	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	VH	Ongoing	G	Maintaining our position		G	G	G	
3.3	Implementation of Organisational Integration - TCS Implementation Committee being developed along with a benefits realisation sub group	ME	March 2012	G	Subgroup reviewed and incorporated within the newly developed Change Programme Board		G	G	G	
3.4	We will have in place a Capacity Plan and undertake a Capacity and Demand project provide evidence to demonstrate effective use of our clinical capacity	VH	November 2012	A			A	A	A	
3.5	We will provide direct access to diagnostic services in all appropriate modalities	VH	March 2012	G	Maintaining our position		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 2012	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 2012	G			G	G	G	
4.3	We will widen the area from which we receive referrals for 1st appointment (Source HES data)	ME	March 2012	G			G	G	G	
4.4	We will evidence progress against the Marketing Implementation Plan	ME	March 2012	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 2012	G			G	G	G	
4.6	Media coverage will be positive (80:20 split)	DL	March 2012	G	84:16 achieved, relationship resumed with Express and Star		G	A	G	

THE ROYAL WOLVERHAMPTON NHS TRUST ANNUAL PLAN 2011/2012							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)
4.7	Achievement of Trust success will be celebrated both internally and externally	DL	March 2012	G			G	G	G	
4.8	We will promote the need for a positive image and measure improvements by a 2% reduction in attitudinal complaints (Q4 - 09/10 Baseline of 12.2 % of all complaints were attitudinal in nature)	CE	Quarterly	A			A	A	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	VH	March 2012	A	Compared with other Trusts in the West Midlands we have remained static from Q1 11/12 to Q2 11/12 in LOS, Pre-op (elective) and New to Review. Our position in relation to Pre-op (non-elective) and Emergency Readmission rates has improved. In Day Case Rates and DNA we have seen a deterioration.		A	A	A	
5.2	We will deliver the milestones associated with the 2011/2012 Efficiency Strategy	ME	March 2012	A	No longer monitored as included within the CIP targets		A			
5.3	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	VH	March 2012	A			A	A	A	
5.4	We will have robust CIP plans in place for 2012/13 and 13/14 and deliver plan for 2011/12	ME	March 2012	A		We have developed a Change Programme Board that integrates the TCS and CIP programmes of work, this helps to ensure greater understanding across the trust of the issues and overall targets, it also removes duplication and bureaucracy. Discussions are held weekly at Director level to discuss current progress and the planning requirements for 2012/13.	A	R	R	
		ME	March 2013	A			A	R	R	
5.5	We will agree the target contribution for each service line (SLR)	KS	March 2012	A	Not achieved this year due to focus on financial performance	Will set contribution levels as part of budget setting exercise for 2012/13.	G	A	R	
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 2012	G	Actions on target. Quarterly reports to Trust Board		G	G	G	
6.2	We will achieve and maintain a Financial Risk Rating of between Level 3 and 4	KS	March 2012	G	On target		G	G	G	
6.3	Our reference costs will be below 100	KS	March 2012	G	2010/11 reference costs released November 2011. Trust RCI was 94.		G	G	G	
6.4	We will deliver a surplus in accordance with LTFM	KS	March 2012	G	On target		G	G	G	

APPENDIX 2

THE ROYAL WOLVERHAMPTON NHS TRUST ANNUAL PLAN 2011/2012							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)
6.5	We will deliver actions following internal audits against agreed timescales	KS	March 2012	A	Some improvement on previous years position but at December Audit Committee there were still a number of outstanding actions	Continue to raise at Directors meeting. Performance management by continued reminders to managers.	A	A	A	
6.6	The Auditors will provide an unqualified opinion of the Trust's accounts	KS	June 2012	G	No issues anticipated		G	G	G	
6.7	The Trust is able to authorise signing of the Statement of Internal Control	DL	April 2012	G	Achieved		G	G	G	
6.8	We will meet our contractual obligations in relation to activity	ME	March 2012	G	Overall, contract predicted to over perform		G	G	G	
Strategic Goal 7 - To be a high quality educator										
7.1	95% of Royal College visits will be positive	DH	March 2012	G	WM Deanery visited Department of Anaesthetics for follow-up on 22 November 2011. A written report is awaited but verbal feed included approval of the programme for a further two years.		G	A	G	
7.2	The Trust will retain its status for pre-registration nurses	DH	March 2012	G			G	G	G	
7.3	95% of feedback from Junior Doctors in training will be positive	DH	March 2012	G	Measured through GMC national trainee survey- part of post graduate medical performance dashboard. Reported through post grad education committee and Education and Training committee.	Action plans to be developed and monitored through the post grad education committee	G	A	A	
7.4	All agreed Consultant Job Plans will include an element of education	DH	March 2012	A	Job plans include education element as appropriate	Further work underway to match SIFT with PAs by directorate	G	G	G	
7.5	Training expenditure will reflect 0.5% of Pay budget	DH	March 2012	A	Reported as red for Q3	Additional training is supported other than that which requires a training budget, e.g. post reg and other commissioned activity, in house courses etc. These continue to be provided.	A	R	R	
7.6	75% of staff have accessed training	DH	March 2012	A	Training access assurance using various information sources (staff survey, validation interviews for FY doctors and KSF evaluation information)		G	G	G	

APPENDIX 2

THE ROYAL WOLVERHAMPTON NHS TRUST ANNUAL PLAN 2011/2012							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 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 QUIPP Programmes across Health Economies	ME	March 2012	G	Detailed feedback provided to Commissioners in QIPP programmes		G	G	G	
8.2	We will provide evidence to demonstrate progress against the Wolverhampton Maternity Services Strategy Implementation Plan	VH	March 2012	G	On track		G	G	G	
8.3	We will maintain or increase the number of joint medical staff appointments with other providers	VH	March 2012	G	Maintaining our position		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	VH	March 2012	G	Maintaining our position		G	G	G	
9.3	We will maintain or increase the number of patients from outside Wolverhampton using our Stroke Service	VH	March 2012	G	Maintaining our position		G	G	G	
9.4	We will maintain or increase the number of patients from outside Wolverhampton using our Primary PCI Service	VH	March 2012	G	Maintaining our position		G	G	G	
9.5	We will maintain or increase the number of patients from outside Wolverhampton using our Cancer Services	VH	March 2012	G	Maintaining our position		G	G	G	
9.6	We will maintain or increase the number of patients receiving existing tertiary services	VH	March 2012	G	Maintaining our position		G	G	G	
9.7	We will demonstrate that specialised services commissioners have transferred activity from other centres	ME	March 2012	A	Further discussions underway for preparations for 2012/13		G	G	G	
9.8	We will demonstrate an increase in participation in Clinical trials	JO	March 2012	G			G	G	G	
9.9	We will increase the level of Research and Development income	JO	March 2012	G			G	G	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 2012	G			G	G	G	

APPENDIX 2

THE ROYAL WOLVERHAMPTON NHS TRUST ANNUAL PLAN 2011/2012							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 10 - To consolidate our position as a leading healthcare provider operating in a commercial environment										
10.1	We will achieve Foundation status	DL	March 2012	A	On target		A	G	A	
10.2	We will demonstrate progress against the Service Line Management implementation plan	VH	March 2012	G	Progressing as per plan		G	G	G	
10.3	We will increase the number of registered innovations from across the Trust	JO	March 2012	G			G	G	G	
10.4	10 Clinical Directors/Aspiring Clinical Directors will undertake the Developing Leaders Programme per year	DH	March 2012	G	>10 - SLM leadership programme in place		G	G	G	
10.5	10 Managers/Aspiring Managers (Clinical and non-clinical) will undertake the Developing Leaders Programme per year	DH	March 2012	G	>10 - SLM leadership programme in place		G	G	G	
10.6	The Trust Board will demonstrate progress against the Board Development programme	DH	March 2012	G	As monitored through Board development programme and Board training sessions- group and individual gap analysis initiated programme		G	G	G	
10.7	We will undertake an annual evaluation of Board Performance and develop an action plan	DH	March 2012	G	Board performance through self analysis completed. Reviewed at 6 months in light of TCS. Plans in place		G	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					
B - Likely					
C - Possible					
D - Unlikely					
E - Rare					