

Trust Board Report

Meeting Date:	23 May 2011
Title:	Annual Plan Monitoring Framework – Quarter 4/End of Year 2010/2011 and Annual Plan Monitoring Framework – Proposed for 2011/2012
Executive Summary:	<p>This report provides the Board with a quarter three assessment against the business outcomes contained within the Trust's Annual Plan for 2010-2011 and provides re-assurance to the Board of remedial actions being taken to improve performance against the key business outcomes.</p> <p>This report also contains proposed changes to the content of the Annual Plan for 2011/2012</p>
Action Requested:	To receive the Quarter Four Annual Plan update for 2010/2011 and agree proposed changes to the Plan 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	<p>Appendix 1 – Quarter Four Annual Plan 2010/2011</p> <p>Appendix 2 – Contractual & Operating Framework Changes</p> <p>Appendix 3 – Proposed Annual Plan 2011/2012</p>
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 2010/11 is the second year of the Integrated Business Plan (IBP). 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 Annual Plan in 2009/2010 was written to support the IBP and has been amended for 2010/2011 taking effect of changes agreed by the Trust Board in May 2010.</p> <p>1.3 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.</p>																									
2	<p><u>QUARTER FOUR 2010/2011</u></p> <p>2.1 Attached as appendix 1 is the annual plan 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>2.3 A summary of performance against the 84 business outcomes set at the beginning of the year is shown below:-</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Risk Rating</u></th> <th style="text-align: center;"><u>Quarter 1</u></th> <th style="text-align: center;"><u>Quarter 2</u></th> <th style="text-align: center;"><u>Quarter 3</u></th> <th style="text-align: center;"><u>Quarter 4</u></th> </tr> </thead> <tbody> <tr> <td>Green</td> <td style="text-align: center;">47 (56%)</td> <td style="text-align: center;">55 (65%)</td> <td style="text-align: center;">50 (60%)</td> <td style="text-align: center;">53 (63%)</td> </tr> <tr> <td>Amber</td> <td style="text-align: center;">30 (36%)</td> <td style="text-align: center;">25 (30%)</td> <td style="text-align: center;">28 (33%)</td> <td style="text-align: center;">25 (30%)</td> </tr> <tr> <td>Red</td> <td style="text-align: center;">5 (6%)</td> <td style="text-align: center;">2 (2.5%)</td> <td style="text-align: center;">3 (3½%)</td> <td style="text-align: center;">3 (3.5%)</td> </tr> <tr> <td>Not Rated</td> <td style="text-align: center;">2 (2%)</td> <td style="text-align: center;">2 (2.5%)</td> <td style="text-align: center;">3 (3½%)</td> <td style="text-align: center;">3 (3.5%)</td> </tr> </tbody> </table>	<u>Risk Rating</u>	<u>Quarter 1</u>	<u>Quarter 2</u>	<u>Quarter 3</u>	<u>Quarter 4</u>	Green	47 (56%)	55 (65%)	50 (60%)	53 (63%)	Amber	30 (36%)	25 (30%)	28 (33%)	25 (30%)	Red	5 (6%)	2 (2.5%)	3 (3½%)	3 (3.5%)	Not Rated	2 (2%)	2 (2.5%)	3 (3½%)	3 (3.5%)
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3	<p><u>PROPOSED ANNUAL PLAN 2011/2012</u></p> <p>3.1 In line with changes to the IBP and to reflect targets for 2011/2012 the business outcomes continued within the annual plan have been reviewed with each Executive Director.</p> <p>3.2 Appendix 2 outlines the key Operating Framework and Contractual changes that have influenced the revised business outcomes</p> <p>3.3 Appendix 3 contains the proposed business outcomes for the annual plan for 2011/2012. The information is presented in two parts, part A reflects RWHT Acute services and Part B RWHT and Community Services. During Quarter 1 work will take place on the integration of these reports.</p> <p>3.4 Each business outcome has received an initial risk rating in relation to the likelihood/consequence of failure. This will form the basis on which each quarterly assessment throughout 2011/2012 will be made.</p> <p>3.5 Each business outcome has a clear date for delivery.</p>																									

THE ROYAL WOLVERHAMPTON NHS TRUST ANNUAL PLAN 2010/2011							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 =>82% scoring in inpatient, outpatient and A&E surveys (90% in 5 years)	CE	March 2011	G			G	G	G	G
1.2	To achieve contractual obligations as detailed in CQUIN in relation to Patient reported outcome measures (PROMs)	VH	March 2011	A	Hip, Groin Hernia & Knee reported as above PCT agreed target. Varicose Vein is below target.		A	A	A	A
1.3	98% of staff will have a KSF outline by March 2011	DH	March 2011	G	Achieved		G	G	G	G
1.4	At least 75% of appropriate service re-design schemes will have patient involvement	VH	March 2011	G			G	G	G	G
1.5	The number of complaints will be less than 1% of activity	CE	March 2011	G	Complaint rate for January was 0.2% and 0.1% for February		G	G	G	G
1.6	There will be evidence that we have learnt from complaints through a formal process	CE	March 2011	G	Directorate governance meetings include the discussion of all complaints resulting in actions or recommendations. Outcomes are recorded in the minutes and also on the Datix system. Evidence of lessons learnt and actions taken can be limited		A	G	G	G
1.7	To reduce the HSMR to a confidence level of below 90 according to Dr Foster	CE	March 2011	A	Significant progress made with understanding HSMR and report produced for Monitor and Trust Board		R	A	A	A
1.8	Our Infection rates will be maintained at a position better than the national average.	CE	March 2011	G	MRSA zero for over 644 days, C Diff increase in February and March due to change in testing		G	G	G	G
1.9	We will deliver the KPIs associated with the Estates Strategy (% delivery to be agreed)	BMM	March 2010	A	76% delivered at year end		A	A	A	G
1.10	We will maintain NHS LA Level 3 for Maternity and Level 2 for General and provide evidence of progress against plan to deliver Level 3 Trust wide.	CE	March 2011	A	Having changed Maternity accreditation status to level 1 in Dec 10, the trust is progressing an action plan to achieve level 2 by Dec 11 (a year ahead of the required timescale). For the general standards the trust has substantively appointed to the post of standards lead post. Postholder commenced 1st May 2011 with priority work of developing the gap analysis to include provider services and setting a project plan for all work leading up to next assessment in Dec 12. As PCT were at level 1 only and strengthening work is needed in many areas of the acute compliance it is not possible to make a reliable assessment of level 2 or 3 readiness. The Trust Compliance Committee will review progress reports at 2 monthly meetings.	Extend Gap analysis to include Provider services compliance. Develop project plan with milestone in preparation for next assessment.	A	A	A	A

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1.11	We will continue to evidence progress against the implementation plan for the Governance Strategy and update the strategy as required	CE	March 2011	G	Integrated Governance strategy has been consulted and reviewed for 2011/12 to include TCS changes. Integration of more operational arrangements e.g. risk management reporting and review, policies and documentation will occur progressively over next 3 months for priority arrangements and beyond for less priority/ongoing work.	Monitor via integration progress action plan.	G	G	A	G
1.12	All of the KPIs related to meeting the spiritual needs of our patients will be met	CE	Quarterly. March 2011	G	Chaplaincy team will respond to routine requests for call outs within 24 hours - achieved 100% for Q4. Chaplaincy team will respond to emergency call out requests within 35 minutes (average) - achieved 18 mins for Q4. Chaplaincy team will visit each ward at least once per week - achieved 100% for Q4		G	G	G	G
1.13	We will provide evidence of progress towards full implementation of the 'Productive Ward' programme and expand to include other Productive modules	CE	Jan 2010	A			A	G	A	A
1.14	We will demonstrate continuous and sustained improvement against nursing and midwifery patient care indicators	CE	On going	A	1) There was an issue raised during Q4 in relation to the quality of care being delivered and the decision was taken for the matrons to work clinically for the month of December. This worked well. 2) There has been progress made regarding the reporting of pressure ulcers in that we are now more confident in our understanding of the problem, the RCA tool and care bundle is being revised to support an improvement target which has been set as part of the CQUIN programme. 3) Documentation was found to be unresponsive to clinical staff. 4) Falls - the number of falls continues to be an issue, this has also been included as a CQUIN going forward.	1) Matron job description and job plan developed with 50% clinical included. 2) Documentation group formulated to review both emergency and elective pathways. 3) The health economy falls group has been reviewed and a new membership and terms of reference are being agreed. It is planned to hold a rapid improvement event in May 4) KPI document has been revised for 2011/12 to ensure patient safety is a primary focus	A	A	A	A
1.15	We will deliver the capital programme for 09/10 within budget	BMM	March 2010	G	£41,576 under spent at end of Q4 - considered to be on target		G	G	G	G
1.16	We will declare full compliance with the Care Quality Commission objectives	CE	March 2011	G	The Trust has made the necessary TCS variations to its registration status with the CQC. This included changes to its registered locations and the addition of a regulated activity. Notice of decision has been received and the trust awaits the updated registration certificate. There are no compliance conditions proposed from the variation per se however the trust has not yet received formal feedback report from unplanned visits which occurred in March 11.		A	G	A	G

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1.17	We will maintain good rates of Riddor & Incident reporting particularly in relation to NPSA good practice guidance	CE	March 2011	A	The Trust maintains the required reporting of Riddor incidents as per HSE guidance. Highest reason for report continue to be those resulting in over 3 day injuries. The HSE are consulting on a proposal to change this reporting requirement to injuries prevent a person from working for over 7 days. The Trust will review its policy following final published guidance.		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 2011	A	72.4% in March		G	G	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 2011	A	Shift of 3.24% from City Council Data - reported as amber		A	A	A	A
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 2011	R	67.1% in March		R	R	R	R
2.4	Our turnover rates will be less than the NHS National average of 13.2% (CIPD)	DH	March 2011	G	7.28% in March		G	G	G	G
2.5	Staff sickness rates will be below the NHS National average of 4%	DH	March 2011	A	4.77% in month 4.74% moving annual average		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 2011	A	2.03% trained nurses & -0.13% non-trained		A	A	A	A
2.7	Agency expenditure will be less than 1% of the pay budget (0.5% in five years)	DH	March 2011	A	0% for nursing agency & 7.4% for medical agency		A	A	A	A
2.8	We will receive a response rate =>58% for our staff surveys	DH	March 2011	A	2010 survey result indicated a response rate below the target	Analysis to be carried out pre-2011 survey to identify ways of incentivising individuals to complete	A	A	R	R
2.8 A	Business Outcome re Chat Back to be developed in readiness for Q1 reporting	DH		A	Chat Back findings informed HR, OD and Comms strategies		A	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 2011	A	Evidence on track		G	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 2011	A	Evidence on track		G	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 and 95% for non-admitted.	VH	Ongoing	A	All specialties working within tolerance levels of 90% for admitted and 95% for non-admitted care.		G	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	G

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3.3	We will work with Wolverhampton PCT to deliver the Transforming Community Services Agenda and provide evidence of progress against the implementation plan	VH	March 2011	G	TCS transaction took place as at 31st March 2011. Business Transfer Agreement signed by all relevant parties. PCT staff TUPED service level agreements drawn up and a memorandum of occupation is in place		A	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 2010	A	Performance targets agreed at TMT and will be used to determine action for LOS reducing		A	A	A	A
3.5	We will provide direct access to diagnostic services in all appropriate modalities	VH	March 2011	G	Maintaining our position		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	VH	March 2011	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	VH	March 2011	G			G	G	G	G
4.3	We will widen the area from which we receive referrals for 1st appointment (Source HES data)	VH	March 2011	G			G	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 2011	G	Achieved		G	G	G	G
4.5	We will evidence progress against the Marketing Implementation Plan	VH	March 2011	G			G	G	G	G
4.6	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	27% of complaints in quarter four related to staff attitude an increase of 14.8% against the baseline	Attitudinal complaints remain high, as a result the customer care training package is being reviewed	A	A	A	A
4.7	Media coverage will be positive (80:20 split)	DL	March 2011	A	16% negative, 84% positive		G	G	G	G
4.8	Achievement of Trust success will be celebrated both internally and externally	DL	March 2011	G	Achieved		G	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 of the 'Better Care, Better Value' clinical indicators	VH	March 2011	A			A	A	G	G
5.2	We will deliver the milestones associated with the 2010/2011 Efficiency Strategy	VH	March 2011	A			A	A	A	A

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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 2011	A			A	A	A	A
5.4	We will have robust CIP plans in place for 2010/11 and 12/13 and deliver plan for 2010/11	KS	March 2011	A	Some CIP's delivered non-recurrently in 2010/11	Additional CIP schemes being identified for 2011/12	G	A	A	A
		KS	March 2012	A	Additional CIP's to be identified for 2010/11 carry forward	CIP programme board in May to authorise	R	A	G	A
5.5	We will agree the target contribution for each service line (SLR)	KS	May 2010	A	Targets to be set for 2011/12 contributions		R	R	R	R
5.6	For COC existing commitments and national priorities we will score fully met/excellent for the Periodic Review 2009/10	VH	October 2010	G			A	A	A	A
	We will have in place systems that monitor performance against COC indicators relevant to the periodic review for 2010/2011 in order to achieve a score of fully met/excellent	VH	March 2011	G	No longer valid as ratings have been removed					
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 2011	G	Progress against action plan on target		R	G	G	G
6.2	We will achieve and maintain a Financial Risk Rating of Level 4 or above	KS	March 2011	G	Achieved		G	G	G	G
6.3	Our reference costs will be below 100	KS	Sept 2010	A	Reference costs 98		A	G	G	G
6.4	We will deliver a surplus in accordance with LTFM	KS	March 2011	G	Being achieved		G	G	G	G
6.5	We will deliver actions following internal audits against agreed timescales	KS	March 2011	A	Progress improved but below required standard	Re-define target for 2011/12. Escalate more quickly	A	A	A	A
6.6	As a minimum we will maintain and ALE score of Level 3 and aim to improve this score to Level 4	KS	March 2011	G	No longer applicable as withdrawn from end of year assessment					
6.7	The Trust is able to authorise signing of the Statement of Internal Control	KS	April 2011	G	Achieved		G	G	G	G
6.8	The Auditors will provide an unqualified opinion of the Trust's accounts	KS	June 2011	G	Expect to be achieved		G	G	G	G
6.9	We will meet our contractual obligations in relation to activity	VH	March 2011	G	Inpatient activity for elective patients is marginally below plan. All other areas are over plan		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 2011	G	FY repeat visit occurred		G	G	A	A
7.2	The Trust will retain its status for pre-registration nurses	DH	June 2010	G	Pre reg status retained		G	G	G	G
7.3	95% of feedback from Junior Doctors in training will be positive	DH	March 2011	G			G	G	G	A
7.4	All agreed Consultant Job Plans will include an element of education	DH	March 2011	A	On track		G	G	G	G

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7.5	Training expenditure will reflect 0.5% of Pay budget	DH	March 2011	A	Reported as green for Q4		A	G	A	G
7.6	75% of staff have accessed training	DH	March 2011	A	>75%		G	G	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 Wolverhampton PCT to deliver the Strategic Services Development Plan (SSDP) inc joint working initiatives for Long Term Conditions	VH	March 2011	G	This is suspended due to TCS - the programme will be in line with this		G	G	G	G
8.2	We will provide evidence to demonstrate progress against the Wolverhampton Maternity Services Strategy Implementation Plan	VH	March 2011	G	On Track		G	G	G	G
8.3	We will maintain or increase the number of joint medical staff appointments with tertiary centres	VH	March 2011	G	Maintaining our position		G	G	G	G
Strategic Goal 9 - To develop our position as a tertiary centre										
9.1	See (4.5) Marketing Implementation Plan	VH	March 2011	G						
9.2	We will maintain or increase the number of clinics/specialties delivering Trust services in satellite units	VH	March 2011	G	Maintaining our position		G	G	G	G
9.3	We will increase the number of patients from outside Wolverhampton using our Stroke Service	VH	March 2011	G			G	G	A	A
9.4	We will increase the number of patients from outside Wolverhampton using our Primary PCI Service	VH	March 2011	G			G	A	A	A
9.5	We will increase the number of patients from outside Wolverhampton using our Cancer Services	VH	March 2011	G			G	G	A	A
9.6	We will increase the number of patients receiving existing tertiary services	VH	March 2011	G			G	G	G	G
9.7	We will demonstrate an increase in participation in Clinical trials	JO	March 2011	G	4417 in Q4 against an outturn of 2601 in 2009/10		A	G	G	G
9.8	We will increase the level of Research and Development income	JO	March 2011	G	£4,637,499 for Q4 against an outturn of £3,725,047 in 2009/10		G	G	G	G
9.9	We will increase the number of Consultants engaged in active research projects (Using 200-10 year end as a baseline - 31)	JO	March 2011	G	83 for Q4 against an outturn of 31 at end of 2009/10		A	G	G	G
9.10	We will demonstrate that specialised services commissioners have transferred activity from other centres	VH	March 2011	A			G	G	G	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	June 2011	A			A	A	A	A
10.2	We will demonstrate progress against the Service Line Management implementation plan	VH	March 2011	G	Progressing as per plan		G	G	G	G
10.3	We will increase the number of R&D products on the market from 13 at year end 2009/10	JO	March 2011	G	14 at Q4		A	G	G	G
10.4	10 Clinical Directors/Aspiring Clinical Directors will undertake the Developing Leaders Programme per year	DH	March 2011	A	>10 - SLM leadership programme in progress		A	A	A	G

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10.5	10 Managers/Aspiring Managers (Clinical and non-clinical) will undertake the Developing Leaders Programme per year	DH	March 2011	A	>10 - SLM leadership programme in progress		A	A	G	G
10.6	The Trust Board will demonstrate progress against the Board Development programme	DH	March 2011	G			G	G	G	G
10.7	We will undertake an annual evaluation of Board Performance and develop an action plan	DH	March 2011	G			G	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	Yellow	Orange	Red	Dark Red	Dark Red
B - Likely	Yellow	Orange	Red	Dark Red	Dark Red
C - Possible	Green	Yellow	Orange	Red	Dark Red
D - Unlikely	Green	Yellow	Orange	Red	Dark Red
E - Rare	Green	Yellow	Orange	Red	Dark Red

CONTRACTUAL AND OPERATING FRAMEWORK CHANGES 2011/2012

The 2011/2012 Operating Framework mandated a number of changes to targets in order to deliver greater service efficiency and enhanced patient experience. The detail is shown below:

Infection Prevention

MRSA (1) – The target is 1 for the year. This is a combined target for the new organisation including Community Services.

C Difficile (65) – this target is a combined target between RWHT and Community Services and is broken down as follows:-

- RWHT 57
- Community Services 8

E Coli Bloodstream – this is a new target for 2011/12. The Trust will undertake mandatory surveillance in Quarter 1 to monitor the numbers of infections and investigate the causes before a threshold is set.

Accident & Emergency

4 hour wait (98%) – this target remains the same as 2010/11. Although the Department of Health threshold for A&E has been reduced to 95% in the revised Operating Framework, we continue to monitor against an internal target of 98% which indicates our commitment to ensuring patients admitted via emergency portals receive quality care as quickly as their clinical condition allows.

From Quarter 2 there will be the following 4 additional measures for Accident and Emergency

Time to Initial Assessment (<15 minutes) – This target measures the time from arrival to start of full initial assessment, which includes a brief history, pain and early warning scores (including vital signs), for all patients arriving by emergency ambulance. The aim is to reduce the clinical risk associated with the time the patient spends un-assessed in A&E.

Time to Treatment Decision (Median - <60 minutes) – This target measures the time from arrival to start of definitive treatment from a decision making clinician (someone who can define the management plan and discharge the patient). The aim is to reduce the clinical risk and discomfort associated with the time the patient spends before treatment begins in A&E.

Unplanned Re-attendance Rate (<5%) – This target measures the unplanned re-attendance at A&E within 7 days of original attendance (including if referred back by another health professional). The aim is to reduce unavoidable re-attendances at A&E by improving the care and communication delivered during the original attendance.

Left Without Being Seen (<5%) – This target measures the number of patients that leave the department without being seen. The aim is to improve patient experience and reduce the clinical risk to patients who leave A&E before receiving the care they need.

Referral to Treatment (RTT) – 18 weeks

Admitted – in addition to the current RTT monitoring, from 1st April we are now reporting on the following:-

- 95th percentile < 23 weeks
- Median time wait <11.1 weeks

Non-admitted – in addition to the current RTT monitoring, from 1st April 2011 we are now reporting on the following:-

- 95th percentile <18.3 weeks
- Median time wait <6.6 weeks

In addition to the reportable measures for 18 weeks we are also required to monitor the percentage of Incomplete Pathways as a measurement of patients still undergoing active management.

Emergency Re-admissions

The approach to reporting on emergency re-admissions has changed in this financial year. The Trust will receive no payment for emergency re-admission within 30 days of discharge following a planned admission for all patients with exception of the following groups of patients:

- Patients under 4 years of age
- Cancer patients
- Anything not captured under Payment by Results

The emergency re-admission rules also apply to patients admitted to another provider within 30 days e.g. a patient is discharged by RWHT and then admitted as an emergency to Walsall Manor will not attract a payment for the second admission.

The Trust is working with Commissioners and the Strategic Health Authority to agree the implementation of this contractual change.

APPENDIX 3

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 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 2012	G						
1.2	The number of complaints will be less than 1% of activity	CE	March 2012	G						
1.3	There will be evidence that we have learnt from complaints through a formal process	CE	March 2012	G						
1.4	To reduce the HSMR to a confidence level of below 90	CE	March 2012	A						
1.5	Our Infection rates will be maintained at a position better than the national average.	CE	March 2012	A						
1.6	We will maintain NHS LA Level 1 for Maternity and is working towards achieving Level 2 by December 2011.	CE	December 2011	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 2012	G						
1.8	All of the KPIs related to meeting the spiritual needs of our patients will be met	CE	Quarterly. March 2012	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						
1.10	We will demonstrate continuous and sustained improvement against nursing and midwifery patient care indicators	CE	On going	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						
1.12	We will maintain good rates of Riddor & Incident reporting particularly in relation to NPSA good practice guidance	CE	March 2012	A						
1.13	98% of staff will have a KSF outline by March 2011	DH	March 2012	G						

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1.14	At least 75% of appropriate service re-design schemes will have patient involvement	VH	March 2012	G						
1.15	We will deliver the KPIs associated with the Estates Strategy (% delivery to be agreed)	KS	March 2012	A						
1.16	We will deliver the capital programme for 11/12 within budget	KS	March 2012	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 2012	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						
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						
2.4	Our turnover rates will be less than the NHS National average of 13.2% (CIPD)	DH	March 2012	G						
2.5	Staff sickness rates will be below the NHS National average of 4%	DH	March 2012	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						
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						
2.8	We will receive a response rate \geq 45% for our staff surveys	DH	March 2012	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						
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						
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						

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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						
3.3	Implementation of Organisational Integration - TCS Implementation Committee being developed along with a benefits realisation sub group	ME	March 2012	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						
3.5	We will provide direct access to diagnostic services in all appropriate modalities	VH	March 2012	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						
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						
4.3	We will widen the area from which we receive referrals for 1st appointment (Source HES data)	ME	March 2012	G						
4.4	We will evidence progress against the Marketing Implementation Plan	ME	March 2012	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						
4.6	Media coverage will be positive (80:20 split)	DL	March 2012	A						
4.7	Achievement of Trust success will be celebrated both internally and externally	DL	March 2012	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						
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						
5.2	We will deliver the milestones associated with the 2011/2012 Efficiency Strategy	ME	March 2012	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						

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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						
		ME	March 2013	A						
5.5	We will agree the target contribution for each service line (SLR)	KS	March 2012	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 2012	G						
6.2	We will achieve and maintain a Financial Risk Rating of between Level 3 and 4	KS	March 2012	G						
6.3	Our reference costs will be below 100	KS	March 2012	G						
6.4	We will deliver a surplus in accordance with LTFM	KS	March 2012	G						
6.5	We will deliver actions following internal audits against agreed timescales	KS	March 2012	A						
6.6	The Auditors will provide an unqualified opinion of the Trust's accounts	KS	June 2012	G						
6.7	The Trust is able to authorise signing of the Statement of Internal Control	DL	April 2012	G						
6.8	We will meet our contractual obligations in relation to activity	ME	March 2012	G						
Strategic Goal 7 - To be a high quality educator										
7.1	95% of Royal College visits will be positive	DH	March 2012	G						
7.2	The Trust will retain its status for pre-registration nurses	DH	March 2012	G						
7.3	95% of feedback from Junior Doctors in training will be positive	DH	March 2012	G						
7.4	All agreed Consultant Job Plans will include an element of education	DH	March 2012	A						
7.5	Training expenditure will reflect 0.5% of Pay budget	DH	March 2012	A						
7.6	75% of staff have accessed training	DH	March 2012	A						

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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 QUIPP Programmes across Health Economies	ME	March 2012	G						
8.2	We will provide evidence to demonstrate progress against the Wolverhampton Maternity Services Strategy Implementation Plan	VH	March 2012	G						
8.3	We will maintain or increase the number of joint medical staff appointments with other providers	VH	March 2012	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						
9.3	We will increase the number of patients from outside Wolverhampton using our Stroke Service	VH	March 2012	G						
9.4	We will maintain or increase the number of patients from outside Wolverhampton using our Primary PCI Service	VH	March 2012	G						
9.5	We will maintain or increase the number of patients from outside Wolverhampton using our Cancer Services	VH	March 2012	G						
9.6	We will maintain or increase the number of patients receiving existing tertiary services	VH	March 2012	G						
9.7	We will demonstrate that specialised services commissioners have transferred activity from other centres	ME	March 2012	A						
9.8	We will demonstrate an increase in participation in Clinical trials	JO	March 2012	G						
9.9	We will increase the level of Research and Development income	JO	March 2012	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						
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	September 2011	A						
10.2	We will demonstrate progress against the Service Line Management implementation plan	VH	March 2012	G						
10.3	We will increase the number of registered innovations from across the Trust	JO	March 2012	G						
10.4	10 Clinical Directors/Aspiring Clinical Directors will undertake the Developing Leaders Programme per year	DH	March 2012	G						

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10.5	10 Managers/Aspiring Managers (Clinical and non-clinical) will undertake the Developing Leaders Programme per year	DH	March 2012	G						
10.6	The Trust Board will demonstrate progress against the Board Development programme	DH	March 2012	G						
10.7	We will undertake an annual evaluation of Board Performance and develop an action plan	DH	March 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	Orange	Red	Dark Red	Dark Red
B - Likely	Yellow	Orange	Red	Dark Red	Dark Red
C - Possible	Green	Yellow	Orange	Red	Dark Red
D - Unlikely	Green	Green	Yellow	Orange	Red
E - Rare	Green	Green	Yellow	Orange	Red