

Trust Board Report

Meeting Date:	14 March 2011
Title:	Annual Plan – Quarter 3 – 2010/2011
Executive Summary:	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
Action Requested:	To receive the Quarter Three Annual Plan update for 2010-2011.
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 2010-2011
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 2010/11 is the second 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 Annual Plan in 2009/2010 was written to support the IBP and has been amended for 2010/2011 taking effect of changes agreed at 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>																				
<p>2</p>	<p><u>QUARTER THREE 2010/2011</u></p> <p>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.</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" data-bbox="427 808 1249 1014"> <thead> <tr> <th><u>Risk Rating</u></th> <th><u>Quarter 1</u></th> <th><u>Quarter 2</u></th> <th><u>Quarter 3</u></th> </tr> </thead> <tbody> <tr> <td>Green</td> <td>47 (56%)</td> <td>55 (65%)</td> <td>50 (60%)</td> </tr> <tr> <td>Amber</td> <td>30 (36%)</td> <td>25 (30%)</td> <td>28 (33%)</td> </tr> <tr> <td>Red</td> <td>5 (6%)</td> <td>2 (2.5%)</td> <td>3 (3½%)</td> </tr> <tr> <td>Not Rated</td> <td>2 (2%)</td> <td>2 (2.5%)</td> <td>3 (3½%)</td> </tr> </tbody> </table>	<u>Risk Rating</u>	<u>Quarter 1</u>	<u>Quarter 2</u>	<u>Quarter 3</u>	Green	47 (56%)	55 (65%)	50 (60%)	Amber	30 (36%)	25 (30%)	28 (33%)	Red	5 (6%)	2 (2.5%)	3 (3½%)	Not Rated	2 (2%)	2 (2.5%)	3 (3½%)
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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	
1.2	To achieve contractual obligations as detailed in COUIN 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	
1.3	98% of staff will have a KSF outline by March 2011	DH	March 2011	G			G	G	G	
1.4	At least 75% of appropriate service re-design schemes will have patient involvement	VH	March 2011	G		Project brief includes section for patient involvement to be considered for all projects undertaken	G	G	G	
1.5	The number of complaints will be less than 1% of activity	CE	March 2011	G	Complaints remain at 0.2% in October and November and 0.1% in December	N/A	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	The corporate complaints team are now in the process of rolling out the previously piloted approach to provide more admin support on Datix across all directorates to free time to focus on actions and outcomes	A	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	
1.8	Our Infection rates will be maintained at a position better than the national average.	CE	March 2011	G	MRSA zero for over 550 days, C Diff increase in December but performance back in line		G	G	G	
1.9	We will deliver the KPIs associated with the Estates Strategy (% delivery to be agreed)	BMM	March 2010	A	61% achievement as at Quarter 3 but projected year end position is 88%	Continue to monitor and track progress	A	A	A	
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	The Trust has a gap analysis action plan developed to progress to level 3 of the NHSLA general standards. A pre-assessment visit is planned with the NHSLA assessor on the 21st February 2011 to review progress and confirm requirements of new 2011/12 standards. Maternity was successful at level 1 assessment achieving full marks across all standards. An action plan is in place to progress and prepare for a level 2 assessment by December 2011.	Work commenced to build 12 months historic evidence portfolio however work remit will be extended post TCS as PCT is currently at level 1 with general standards	A	A	A	
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	The Integrated Governance Strategy has been reviewed for 2011/12 and areas for focus via action/project planning include CQC compliance management via performance accelerator, NHSLA readiness level 3 (General) level 2 (Maternity), national guidance and external registry development and scoping and development of Compliance Unit	All work areas to include upcoming TCS changes and extended work plan	G	G	A	

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1.12	All of the KPIs related to meeting the spiritual needs of our patients will be met	CE	Quarterly, March 2011	G	Reported on Integrated Trust Dashboard as being compliant. Target 1: Chaplaincy team will respond to emergency call out requests within 35 minutes (average) - actual 22 minutes. Target 2: Chaplaincy team will visit each ward at least once per week - actual 100%. Target 3: Chaplaincy team will respond to routine requests for call outs within 24 hours - actual 100%		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	Progress through the modules has been slower than expected, and wards have re-visited some modules as part of the PDSA cycle. The Productive Theatres Programme is underway in the showcase theatre.	All wards are due to commence simultaneous implementation of the modules in April. In-patient wards are tasked to complete all modules by Summer 2012. Shared learning to re-energise the programme is planned for April. Productive modules are being implemented in some outpatient and clinic areas.	A	G	A	
1.14	We will demonstrate continuous and sustained improvement against nursing and midwifery patient care indicators	CE	On going	A	Falls and HAPUs grade 3 and 4 remains a challenge to achieve targets		A	A	A	
1.15	We will deliver the capital programme for 09/10 within budget	BMM	March 2010	G	£576,592 under plan at end of Quarter 3	Capital spend is being reviewed on a regular basis and mitigation plans are in place to ensure spend meets CRL at 31st March 2011. Monthly progress reports are presented to Capital Review Group, Trust Management Team and Trust Board	G	G	G	
1.16	We will declare full compliance with the Care Quality Commission objectives	CE	March 2011	G	The Trust has self assessed corporate compliance with the 16 core standards via corporate leads for each outcome. Each lead has indicated compliance with the standard outcomes and where necessary action plans exist to support progression. The next stage of ongoing monitoring at divisional/directorate will be achieved using performance accelerator compliance tool. The system will allow directorates to carry out a guided self assessment (for consistency) backed up by various forms of compliance evidence (including documentation, KPI's audit results). Compliance status will be reported monthly/quarterly as required within the trust and to external bodies (eg Monitor).	Directorate self assessment to occur March 2011 followed by verification and evidence review.	A	G	A	
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 continues to promote a proactive reporting culture which feeds to national reporting system (NRLS). All RIDDOR incidents are investigated by local managers to learn lessons/reduce re-occurrence.		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	76.5% In December		G	G	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 3.39% from City Council Data - reported as amber.		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	54.61% in Quarter 1, 54.88% in Quarter 2, 53.8% in Quarter 3		R	R	R	

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2.4	Our turnover rates will be less than the NHS National average of 13.2% (CIPD)	DH	March 2011	G	8.41% in December		G	G	G	
2.5	Staff sickness rates will be below the NHS National average of 4%	DH	March 2011	A	6.35% in month, 4.59 moving annual average		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	2.34% trained nurses and 6.14% non-trained		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 & 4.6% for medical agency		A	A	A	
2.8	We will receive a response rate =>58% for our staff surveys	DH	March 2011	A	39% response rate received		A	A	R	
2.8 A	Business Outcome re Chat Back to be developed in readiness for Q1 reporting	DH		A	On hold currently		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 provided against the OD Strategy and the Education and Training Strategy at HR sub in September 2010 and at the Education and Training committee in September 2010		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	Reviewed at HR Sub January 2011 - Strategy reviewed and agreed by Board to incorporate TCS integration		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.	Ongoing weekly monitoring to ensure compliance at a speciality level, particularly in relation to admitted care.	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	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	Due diligence and mitigation plan agreed at Board 13th Dec 10. Post implementation and transaction plan agreed at Board 14th Jan 11, part of this was HR strategy, OD strategy, training & education strategy and communication plan for TCS. Business case agreed at Board on 14th Jan 11. Business Transfer Agreement (BTA), due to go to March Board, along with self certification and service transition agreement. Monitor received Due Diligence, Post Transfer Implementation Plan and Business Case on 28th Jan 11. Task & finish group ongoing - TCS assessment process to support BTA is ongoing		A	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	
3.5	We will provide direct access to diagnostic services in all appropriate modalities	VH	March 2011	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	VH	March 2011	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	There has been an increase for each month YTD		G	G	G	

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4.3	We will widen the area from which we receive referrals for 1st appointment (Source HES data)	VH	March 2011	G	Increased referrals being received from Staffordshire		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	Regular attendee at South Staffs LMC		G	G	G	
4.5	We will evidence progress against the Marketing Implementation Plan	VH	March 2011	G	Progressing as per plan		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 three related to staff attitude, an increase of 14.8% against baseline	The increase will be flagged to directorate and divisional management teams. Staff attitude will also be a key feature of the year two patient experience strategy implementation plan	A	A	A	
4.7	Media coverage will be positive (80:20 split)	DL	March 2011	A			G	G	G	
4.8	Achievement of Trust success will be celebrated both internally and externally	DL	March 2011	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	November 2010	A	Compared with other Trusts in the West Midlands we have remained static from Q1 10/11 to Q2 10/11 in LOS. Our position in relation to Pre-procedure Elective bed days, DNA Rates and New to Review has improved		A	A	G	
5.2	We will deliver the milestones associated with the 2010/2011 Efficiency Strategy	VH	March 2011	A			A	A	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 2011	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	June 2010	A			G	A	A	
		KS	March 2011	A			R	A	G	
5.5	We will agree the target contribution for each service line (SLR)	KS	May 2010	A	Target contributions to be set on 2011/12 tariff		R	R	R	
5.6	For CQC existing commitments and national priorities we will score fully met/excellent for the Periodic Review 2009/10	VH	October 2010	G			A	A	A	
	We will have in place systems that monitor performance against CQC 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	01 June 2010	G	Action plan in place, month 9 figures distributed		R	G	G	
6.2	We will achieve and maintain a Financial Risk Rating of Level 4 or above	KS	March 2011	G	Board report demonstrates delivery at a4		G	G	G	
6.3	Our reference costs will be below 100	KS	Sept 2010	A	Reference costs are 98		A	G	G	
6.4	We will deliver a surplus in accordance with LTFM	KS	March 2011	G			G	G	G	

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6.5	We will deliver actions following internal audits against agreed timescales	KS	March 2011	A	Some reports take management a long time to respond	Internal audit to escalate issues more quickly	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	Improved ALE score to 3	No longer in place going forward				
6.7	The Trust is able to authorise signing of the Statement of Internal Control	KS	April 2011	G			G	G	G	
6.8	The Auditors will provide an unqualified opinion of the Trust's accounts	KS	June 2011	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	
Strategic Goal 7 - To be a high quality educator										
7.1	95% of Royal College visits will be positive	DH	March 2011	G	Deanery visit to Foundation programme in November 2010 and subsequent report resulted in intention of re-visit	Action plan has been submitted to the Deanery and re-visit date is awaited	G	G	A	
7.2	The Trust will retain its status for pre-registration nurses	DH	June 2010	G			G	G	G	
7.3	95% of feedback from Junior Doctors in training will be positive	DH	March 2011	G			G	G	G	
7.4	All agreed Consultant Job Plans will include an element of education	DH	March 2011	A	Reviewed annually as part of Trust job planning/appraisal process		G	G	G	
7.5	Training expenditure will reflect 0.5% of Pay budget	DH	March 2011	A	0.45% in Q3		A	G	A	
7.6	75% of staff have accessed training	DH	March 2011	A	>75%		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	
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	
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	
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	
9.3	We will increase the number of patients from outside Wolverhampton using our Stroke Service	VH	March 2011	G	For Q3 we are -32.11% below outturn for 2009/10		G	G	A	
9.4	We will increase the number of patients from outside Wolverhampton using our Primary PCI Service	VH	March 2011	G	For Q3 we are -4.51% below outturn for 2009/10		G	A	A	
9.5	We will increase the number of patients from outside Wolverhampton using our Cancer Services	VH	March 2011	G	For Q2 we are -6.08% below outturn for 2009/10		G	G	A	
9.6	We will increase the number of patients receiving existing tertiary services	VH	March 2011	G			G	G	G	
9.7	We will demonstrate an increase in participation in Clinical trials	JO	March 2011	G	4061 in Q3 against an outturn of 2601 in 09/10		A	G	G	

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9.8	We will increase the level of Research and Development income	JO	March 2011	G	£3,557,164 for Q3 against an outturn of £3,725,047 in 09-10		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	57 for Q3 against an outturn of 31 at end of 09/10		A	G	G	
9.10	We will demonstrate that specialised services commissioners have transferred activity from other centres	VH	March 2011	A	Working towards repatriation of Paediatric Oncology and transfer of activity from Shrewsbury & Telford for cancer surgery		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	November 2010	A	Board to Board meeting with Monitor and work with Deloitte		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	
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 @ Q3 against an outturn of 13 at end of 09/10		A	G	G	
10.4	10 Clinical Directors/Aspiring Clinical Directors will undertake the Developing Leaders Programme per year	DH	March 2011	A	By December, 2 CD's started - on cohort 1	3 cohorts of FT leadership programmes available for CD's. A further 16 CD's booked onto cohorts 3 and 3 starting in February and March 2011	A	A	A	
10.5	10 Managers/Aspiring Managers (Clinical and non-clinical) will undertake the Developing Leaders Programme per year	DH	March 2011	A	By December, 14 managers/matrons started on cohort 1	3 cohorts of FT leadership programmes available for Managers and Matron. A further 25 booked onto cohorts 2 and 3 starting February and March 2011	A	A	G	
10.6	The Trust Board will demonstrate progress against the Board Development programme	DH	March 2011	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	

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