

Trust Board Report

Meeting Date:	28 th November 2011
Title:	Acute Trust Annual Plan – Quarter 2 2011/2012
Executive Summary:	This report provides the Board with a quarter two 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 Two 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 Two 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: <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 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.</p>
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	<p>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.</p>															
<p>2</p>	<p><u>QUARTER TWO 2011/2012</u></p> <p>2.1 Attached as appendix 1 is the annual plan updated for quarter two 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 79 business outcomes set at the beginning of the year is shown below:-</p> <table border="1" data-bbox="331 674 1102 882"> <thead> <tr> <th><u>Risk Rating</u></th> <th><u>Quarter 1 11/12</u></th> <th><u>Quarter 2 11/12</u></th> </tr> </thead> <tbody> <tr> <td>Green</td> <td>52 (66%)</td> <td>50 (63%)</td> </tr> <tr> <td>Amber</td> <td>23 (29%)</td> <td>24 (29%)</td> </tr> <tr> <td>Red</td> <td>4 (5%)</td> <td>5 (6%)</td> </tr> <tr> <td>Not Rated</td> <td>0 (0%)</td> <td>0 (0%)</td> </tr> </tbody> </table>	<u>Risk Rating</u>	<u>Quarter 1 11/12</u>	<u>Quarter 2 11/12</u>	Green	52 (66%)	50 (63%)	Amber	23 (29%)	24 (29%)	Red	4 (5%)	5 (6%)	Not Rated	0 (0%)	0 (0%)
<u>Risk Rating</u>	<u>Quarter 1 11/12</u>	<u>Quarter 2 11/12</u>														
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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	The 2010 inpatient survey remains the most recently released national patient survey, which found 96% of people rating their overall care as excellent, very good or good. The Trust now also carries out monthly ward level patient surveys.		G	G		
1.2	The number of complaints will be less than 1% of activity	CE	March 2012	G	The number of complaints received in Q2 represents 0.3% of activity		G	G		
1.3	There will be evidence that we have learnt from complaints through a formal process	CE	March 2012	G	There is evidence of complaints being discussed at directorate governance meetings, however, little evidence exists to demonstrate the changes directorates have made as a result of learning from complaints.	A review of the Trust's complaints system and process continues to be carried out. Actions to improve performance on this issue are being explored.	A	A		
1.4	To reduce the HSMR to a confidence level of below 90	CE	March 2012	A	Current HSMR is 102 with a potential rebase of 112	Robust review of mortality outliers in place which is integral to SHA mortality work. CQC has accepted reviews of outliers.	R	A		
1.5	Our Infection rates will be maintained at a position better than the national average.	CE	March 2012	A	Zero RWHT-attributable MRSA bacteraemias during the quarter. C. difficile infection numbers remain high, with an estimated rate of 4.70 per 10,000 bed days for the quarter compared with 5.06 per 10,000 bed days for Q1 and 5.24 for Q4 of 2010-11). The average for the West Midlands Region for 2010-11 was approximately 3.4 per 10,000 bed days. No regional or National data for 2011-12 is yet available. No other HCAI data is available for comparison.	The most likely explanation for this apparent poor performance for C diff remains the more sensitive testing method introduced in February 2011. This enables us to better identify C diff positive patients, treat and isolate them appropriately. It is hoped that this strategy will eventually lead to fewer cases. High level environmental decontamination with hydrogen peroxide is available in-house to ensure environmental contamination of the environment is as low as possible, although capacity issues mean that use of this technology is not always optimal. New local Antimicrobial Prescribing Guidelines are now available for use. These have been informed by the findings of RCAs carried out on C diff cases over recent months. A review of severity of C diff infection, morbidity and mortality is to be undertaken to establish if the new testing method is enabling infection to be treated earlier, resulting in better patient outcomes.	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	Quarterly reports to monitor progress being made in preparation for the assessment are made to Compliance committee bi monthly. Good progress is reported on the preparation of case notes and education of staff to meet the standards. Assessment for level 2 is booked for 8th and 9th March 12.	Ongoing monitoring and reporting to Compliance Committee	A	A		

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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	The Governance strategy will be reviewed in Nov 11 to include the changed division and directorate management structures, related governance reporting structures, trust committee structure changes, local and national updates e.g. use of Trust risk register and proposed national directives from CQC. Ongoing monitoring of compliance against the CQC Essential standards is progressing and is reported to Compliance Committee bi monthly. Actions plans are being reviewed to improve weak areas.	Review of Trust Governance Strategy. Mapping exercise to link CQC outcomes to existing audits and KPI measures is in progress. Implement action plans to address to improve areas of part/weak compliance.	G	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 Q2 26.5 mins. Chaplaincy team will respond to routine requests for call outs within 24 hours - for Q2 100%. Chaplaincy team will visit each ward at least once per week - for Q2 100%		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	Following TCS and integration of Community Services, Productive Community Hospital and Productive Community Services for Foot Health, Virtual Wards and Childrens Clinical Suite currently being implemented and monitored. TPOT modules being rolled out to other theatres and being monitored. 2 modules now implemented in all theatres. Productive wards monitored for progress and revisited where required. Productive leader modules completed by Exec team and being rolled out to divisions in October.	TPOT facilitator being recruited to support roll-out to all theatres and to ensure sustainability of work already completed.	A	G		
1.10	We will demonstrate continuous and sustained improvement against nursing and midwifery patient care indicators	CE	On going	A	Monthly monitoring in place and ongoing which reviews directorate as well as trust performance. Falls and TV continue to require focus.	Weekly review of RCA finding for each PU with Ward sister/Matron to CNO and Deputies	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	Further to CQC visits action plans are in place for the CQC responsive review and Dignity and Nutrition (DANI) review. Both action plans are monitored at the Compliance Committee bi monthly and update provided to CQC inspectors. DANI actions have now been completed.	Complete action within the responsive review action plan and review compliance assessment for the affected outcomes (Dec 11).	G	A		
1.12	We will maintain good rates of Riddor & Incident reporting particularly in relation to NPSA good practice guidance	CE	March 2012	A	RIDDOR reporting to HSE is maintained and monitored via the Health and Safety Steering group. The investigation of RIDDOR incidents is monitored via the Governance KPI's and by Divisional H&S staff. Rates of reporting are similar to previous quarters and remain largely due to various injuries causing over 3 day sickness absence.	From April 2012 changes to HSE guidance proposes that injuries causing absence for 7 days or over will be reportable as RIDDOR. Trust policy will need to be amended to this new requirement.	A	G		

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1.13	98% of staff will have a KSF outline by March 2011	DH	March 2012	G	Compliance levels are being reassessed to take account of community staff. Information not held centrally for community staff as not provided by PCT on transfer.	Simplified KSF process being cascaded to line managers, electronic database being utilised. Harmonised procedure being agreed.	G	A		
1.14	At least 75% of appropriate service re-design schemes will have patient involvement	VH	March 2012	G			G	G		
1.15	We will deliver the KPIs associated with the Estates Strategy (% delivery to be agreed)	KS	March 2012	A			A	A		
1.16	We will deliver the capital programme for 11/12 within budget	KS	March 2012	G	Due to the delay in approval by the SHA for the pathology business case the Trust has a risk that we will underachieve the CRL by up to £3million	The Trust has brought forward a number of schemes from 2012/13 in order that the underspend can be managed and the risk has been mitigated down to £1million. Further contingency areas are being considered.	R	A		
1.17	Deliver Community Business Plan Service and Quality projects	VH	March 2012	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 2012	A	79.3% in September 2011	On track to improve, early data for Oct indicates appraisal compliance >80%	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 2.83% from City Council Data - reported as green		A	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	48.48% in September 2011	In line with HR Strategy action plan we are working closely with academic institutions to increase attraction rates. Developing partnerships with job centres etc. Work experience policy under review to increase exposure of local population to opportunities at RWHT.	A	A		
2.4	Our turnover rates will be less than the NHS National average of 13.2% (CIPD)	DH	March 2012	G	7.45% in September 2011		G	G		
2.5	Staff sickness rates will be below the NHS National average of 4%	DH	March 2012	A	4.47% in month 4.84% moving annual average	Moving towards a case management approach in partnership with line manager, HR and Occ H. Revised workforce information reports being developed to provide trouble shooting information.	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	1.38% trained nurses & 1.06% non-trained		A	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 & 3.2% for medical agency	Project instigated to review medical rota management processes to ensure gaps are minimised and alternative approaches to back filling gaps are maximised. Internal locum bank being developed.	R	R		

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2.8	We will receive a response rate =/>45% for our staff surveys	DH	March 2012	A	National staff survey results in terms of response rate not due in until March 2012, so no update available.		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		
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		
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 18.36 for admitted and 14.74 for non-admitted (both within target)		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		
3.3	Implementation of Organisational Integration - TCS Implementation Committee being developed along with a benefits realisation sub group	ME	March 2012	G	The TCS Committee has approved 12 projects with a further 18 projects in the development phase. A review of the project management arrangements that sit around the schemes is currently underway.		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		
3.5	We will provide direct access to diagnostic services in all appropriate modalities	VH	March 2012	G	Maintaining our position		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	Remains green		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	Remains green		G	G		
4.3	We will widen the area from which we receive referrals for 1st appointment (Source HES data)	ME	March 2012	G	Remains green		G	G		
4.4	We will evidence progress against the Marketing Implementation Plan	ME	March 2012	G	Remains green		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	Achieved		G	G		
4.6	Media coverage will be positive (80:20 split)	DL	March 2012	G	This indicator is amber as we are not providing comment to the Express & Star. We are dealing with all other forms of media		G	A		

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4.7	Achievement of Trust success will be celebrated both internally and externally	DL	March 2012	G	Achieved		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	16% of complaints in Q2 relate to attitude, this represents a 5% decrease from Q1 and an 11% decrease overall in the first 2 quarters of 2011/12 compared to Q4 2010/11.	All training sessions regarding complaints handling include a focus on the importance of customer care. The review of the complaints system will also focus on this issue	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 Q4 10/11 to Q1 11/12 in LOS, DNA Rates and New to Review. Our position in relation to Day Case Rates, Pre-procedure Elective and Emergency Readmission rates has improved. In Pre-procedure Non-elective we have seen a deterioration.		A	A		
5.2	We will deliver the milestones associated with the 2011/2012 Efficiency Strategy	ME	March 2012	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 2012	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	The CIP programme Board receive regular updates on the performance of the CIP Programme. There is a significant challenge to deliver the financial targets for the remainder of the year.	A series of performance review meetings have been set up between the Operational Divisions and the Finance and Performance leads for the programme. This will seek to obtain assurances that the CIP projects can deliver the savings required for 2011-12.	A	R		
		ME	March 2013	A		The performance review meetings described above will also assess the deliverability of the schemes identified for 2012/13.	A	R		
5.5	We will agree the target contribution for each service line (SLR)	KS	March 2012	A	Due to in year pressures this has been delayed	This will be completed for the third quarter	G	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	On target		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		
6.3	Our reference costs will be below 100	KS	March 2012	G	On target		G	G		
6.4	We will deliver a surplus in accordance with LTFM	KS	March 2012	G	On target		G	G		

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6.5	We will deliver actions following internal audits against agreed timescales	KS	March 2012	A	There has been a general improvement in performance however there still remain actions beyond the agreed management action date	To report on a monthly basis to Directors whom will performance manage delivery	A	A		
6.6	The Auditors will provide an unqualified opinion of the Trust's accounts	KS	June 2012	G	On target		G	G		
6.7	The Trust is able to authorise signing of the Statement of Internal Control	DL	April 2012	G	Achieved		G	G		
6.8	We will meet our contractual obligations in relation to activity	ME	March 2012	G	Trust overall position is that we are over performing on activity	Not required (continue to discuss performance with Commissioners)	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	For Q2- level 3 visit to Anaesthetics occurred action plan required. Repeat visit due 22nd November 2011	Action plan in place- submitted and accepted by Deanery and SHA. Repeat Deanery visit to Anaesthetics due 22nd November 2011. Monitoring of requirements by clinical tutor	G	A		
7.2	The Trust will retain its status for pre-registration nurses	DH	March 2012	G			G	G		
7.3	95% of feedback from Junior Doctors in training will be positive	DH	March 2012	G	Measured through JDFs and JEST- part of post graduate medical performance dashboard. Reported through post grad education committee and Education and Training committee. JDF in anaesthetics raised concerns - hence amber score for Q2	Action plan in place- submitted and accepted by Deanery and SHA. Repeat Deanery visit to anaesthetics due 22nd November 2011. Monitoring of requirements by clinical tutor	G	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		G	G		
7.5	Training expenditure will reflect 0.5% of Pay budget	DH	March 2012	A		Additional training is supported other than that which requires a training budget, eg post reg and other commissioned activity, in house courses etc. These continue to be provided.	A	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		

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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	Collaborative workstreams in place	Not required	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		
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		
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		
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		
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		
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		
9.6	We will maintain or increase the number of patients receiving existing tertiary services	VH	March 2012	G	Maintaining our position		G	G		
9.7	We will demonstrate that specialised services commissioners have transferred activity from other centres	ME	March 2012	A	Productive discussions in place to deliver transfer of activity	Not required	G	G		
9.8	We will demonstrate an increase in participation in Clinical trials	JO	March 2012	G	2042 in Q2 against an outturn of 2601 in 09-10		G	G		
9.9	We will increase the level of Research and Development income	JO	March 2012	G	£3,238,541 for Q2		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	109 for Q2		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	March 2012	A	On target		A	A		
10.2	We will demonstrate progress against the Service Line Management implementation plan	VH	March 2012	G	Progressing as per plan		G	G		
10.3	We will increase the number of registered innovations from across the Trust	JO	March 2012	G	17 @ Q2		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		
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		
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		
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. Recently reviewed at 6 months in light of TCS. Plans in place		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	Green	Yellow	Orange	Red
E - Rare	Green	Green	Yellow	Orange	Red