

THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

REPORT TO: Trust Board – 8 February 2010
REPORT OF: Chief Operating Officer
SUBJECT: Annual Plan 2009/2010– Quarter 3 Assessment
AUTHOR: Chief Operating Officer

RECOMMENDATION:

The Trust Board is asked to

- Note the quarter three assessment
- Agree the remedial actions identified

EXECUTIVE SUMMARY

This report covers the following areas:

- Quarter Three assessment against the business outcomes identified within the Trust's Annual Plan

Purpose of the Report:

- To provide the Board with a quarter three assessment against the business outcomes contained within the Trust's Annual Plan
- To provide reassurance to the Board that remedial action is being taken to address areas with a risk rating of either red or amber.

Implications:

<u>Financial</u> <ul style="list-style-type: none">•
<u>Human Resources</u> <ul style="list-style-type: none">•
<u>Healthcare</u> <ul style="list-style-type: none">•
<u>Policy</u> <ul style="list-style-type: none">• Nil
<u>Legal</u> <ul style="list-style-type: none">• Nil
Standards for Better Health
<u>Other</u>

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1. Introduction

- 1.1 The financial year 2009/10 is the first implementation year of the Integrated Business Plan. This document 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 for improving health and well being.
- 1.2 The performance monitoring framework evidencing delivery of the operational plan has been developed to support both internal and external reporting and takes account of the following reporting requirements –
- Care Quality Commission existing commitments and national priorities
 - Monitor's Compliance Framework
 - Contractual obligations local and national

Benchmarking information is obtained from a range of sources, the main comparator data is obtained from the NHS Institute for Innovation and Improvement, Better Care, Better Value measures and Dr Foster Intelligence. With this year being the first time we will also be able to access benchmarking data from the West Midlands Quality Observatory.

- 1.3 The annual plan for 2009/2010 has been written to support the IBP and is aligned to the performance monitoring framework to ensure that we can evidence our assessment and progress against the related KPI/evidence base.

2. Quarter Three Assessment

- 2.1 Attached as **Appendix 1** is the annual plan which outlines the quarter three assessment for each business outcome, based on the performance against relevant KPIs. It also details remedial action to be taken to address those areas with a risk rating of either amber or red.
- 2.3 A summary of performance against the 81 business outcomes set at the beginning of the year is shown in the table below

Risk Rating	Quarter 2		Quarter 3	
Green	42	52%	42	52%
Amber	31	38%	32	39%
Red	4	5%	4	5%
Not Rated	2	5%	3	4%

3 Recommendations

- 3.1 The Trust Board is asked to
- Note the quarter three assessment
 - Agree the remedial actions identified

REF	BUSINESS OUTCOME	RELATED KPI(S)/ EVIDENCE BASE	ACC EXEC	COMPLETION DATE	State likelihood and consequence of failure (RISK)	QUARTERLY ASSESSMENT	REMEDIAL ACTION	Qtr 1	Qtr 2	Qtr 3	Qtr 4
								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 =/>79% scoring in inpatient, outpatient and A&E surveys (90% in 5 years)	Results of Survey(s)	CE	March 2010	G	Outpatient survey results for 09 /10 is 69%	National benchmarking data not yet available. Action plan to be developed. There will be a focus on the qualitative comments received through the survey	G	G	A	
1.2	To achieve contractual obligations as detailed in CQUIN in relation to Patient reported outcome measures (PROMs)	1k - 1k.4	VH	Report quarterly. March 2010	A	Good progress made.	Patient capture arrangements have been improved at the end of Q3 - detailed monthly review of data to improve processes continues.	A	A	A	
1.3	98% of staff will have a KSF outline by September 2009	1l & 1l.1	DH	Sept 2009	G	Currently 95%. 3% variance	Action Plan to address to be developed	G	A	A	
1.4	At least 75% of appropriate service re-design schemes will have patient involvement	Service Improvement Programme	VH	March 2010	A	Current position 83%	There are currently six Service Improvement projects where patient involvement is appropriate and of these, 5 of them have some level of patient involvement.	G	G	G	
1.5	The number of complaints will be less than 1% of activity	1h	CE	March 2010	G	The position for quarter 3 09/10 is 0.30%		G	G	G	
1.6	There will be evidence that we have learnt from complaints	Website and Adhoc 'audit'	CE	March 2010	G	Report to Commissioners each quarter	Agreed process with Commissioners and local authority to share lessons when complaint across LA/PCT/RWHT	A	A	A	
1.7	To reduce the HSMR to a confidence level of below 90 according to Dr Foster	1d	CE	March 2010	A	Dr foster data November 09 showed a worsening position for RWHT due to change		A	A	A	
1.8	Our Infection rates will be maintained at a position better than the national average.	1a, 1b & 1c	CE	March 2010	G	Achieving MRSA - 3 YTD. C. Dif rates within DH/SHATrajectory but MSSAs above local target.		A	A	A	
1.9	We will deliver the KPIs associated with the Estates Strategy (% delivery to be agreed)	Estates Strategy Implementation Plan	GP	March 2010	A	49% achieved to date. Greater than 66% achievement expected by end of year which = green	Some targets are annual targets and will only be achieved at year end. Some KPI's targets particularly around waste are currently proving difficult to achieve but month by month monitoring continues	G	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.	NHSLA Action Plan	CE	Dec 2009	A	NHSLA assessment for level 2 general assessment in December. Provisional verbal approval given with some actions - however written report still not received. Maternity level 3 due December 2010		A	A	A	
1.11	We will revise the current Governance Strategy and provide evidence of progress against the implementation plan	Governance Strategy June 09 and Implementation Plan	CE	May 09 + half yearly	G	Strategy approved by Board in Q2		G	G	G	
1.12	All of the KPIs related to meeting the spiritual needs of our patients will be met	1n	CE	Quarterly. March 2010	G	On target for 3 of the 4 KPIs. Unable to collect robust data for the remaining KPI until PAS upgrade established		G	G	G	
1.13	We will provide evidence of progress towards full implementation of the 'Productive Ward' programme.	Productive Ward Implementation Plan	CE	Jan 2010	A	2 wards still to complete foundation modules due to refurb/ delay in commencing. Progress with process modules slow on wards not fast tracking.	Heads of Nursing and Matrons will support areas to implement process modules, commencing 1 module every 6-8 weeks. COO metrics to be launched Feb ready for reporting in Q1 2010/11	G	G	G	
1.14	We will demonstrate continuous improvement of Nursing Quality Audit Results based on Q1 position (09/10)	1j - 5 Audits - % improvement will be across all 5 audits	CE	On going	A	Scores of over 90% (green status) have been sustained in 4 of the 5 audits but improvements are needed across the Essence of Care audit	Heads of Nursing and Matrons will identify those areas for improvement and work with wards and departments to address the issues	A	A	A	
1.15	We will deliver the capital programme for 09/10 within budget	1m	GP	March 2010	G	Approval received from SHA to increase CRL by £3.5m	Continual monitoring of individual scheme progress and risk associated with delivery to ensure programme is kept on track	R	A	G	
1.16	We will declare full compliance with the Healthcare Commission in 44 Core Standards	Governance Meeting/Board Assurance Committee	CE	March 2010	G	Half yearly assessment and compliance completed and Board approval obtained for full compliance for CQC declaration of status. New system for CQC registration related Outcomes being developed. Board approved as fully compliant Jan 2010		G	A	G	

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To be updated quarterly											
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 75% of staff will have undergone appraisal and have a Personal Development Plan (PDP) during the last 12 months	2n	DH	March 2010	R	Current position 61.9% (end Dec 09)	Reinforce Appraisal with Operational Managers	A	A	A	
2.2	We will monitor our staff profile in line with the population we serve (measured by Wolverhampton City Council Statistics 2008)	2k	DH	March 2010	A	Council stats = 26.60 Trust figure December = 22.46	Appointments are made according to best practice and legislation	R	A	A	
2.3	At least 80% of our workforce (who have given us a post code)) lives within our catchment population.	2o	DH	March 2010	R	December position 55.96% are within catchment area	Review of recording information to see if we can better produce.	R	R	R	
2.4	Our turnover rates will be less than the NHS National average of 13.2% (CIPD)	2f	DH	March 2010	G	T/over for 12 month ending December = 9.51%		G	G	G	
2.5	Staff sickness rates will be below the NHS National average of 4%	2g & 2h	DH	March 2010	A	December is 5.23%. Rolling 12 months is 4.4%.	Winter planning arrangements in place. Continue sickness support processes.	R	R	R	
2.6	Vacancy rates will be less than 2% of the establishment	2b, 2c, 2d & 2e	DH	March 2010	A	Total nursing vacancies = 3.29 % for December	Additional posts added into establishment - recruitment well underway	A	A	A	
2.7	Agency expenditure will be less than 1% of the pay budget (0.5% in five years)	2a & 2a.1	DH	March 2010	A	2%	HR Managers to work with Divisional Managers to look at solutions for addressing	R	R	R	
2.8	We will receive a response rate =/>58% for our staff surveys	Staff Survey results	DH	March 2010	A	Not currently available		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	Organisational Development, Management and Leadership Strategy and Implementation Plan	DH	March 2010	A	Strategy now being reviewed with appropriate implementation plan		A	A	A	
2.10	We will have in place a fully developed HR Strategy and provide evidence of progress against the implementation plan	HR Strategy and Implementation Plan	DH	March 2010	A	Strategy reviewed and out for consultation			A	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	We will treat our patients within 18 weeks from referral (90% admitted and 95% non-admitted)	3a & 3b	VH	Ongoing	A	Overall compliant, however not compliant in all specialities. 7 specialities not on target for admitted ptns and 4 specialities not on	Work ongoing to reach compliance in all specialities and clear the backlog as per SHA communication.	A	A	A	
3.2	We will maintain or increase the number of community based out reach services and we will provide evidence of progress against the implementation plan	Service Development Programme (Current baseline of 79)	VH	Ongoing	G	Maintaining current numbers		G	G	G	
3.3	We will work with Wolverhampton PCT to deliver the Transfer of Care Agenda and provide evidence of progress against the implementation plan	Transfer of Care Implementation Plan	VH	March 2010	G	Work plan agreed for 2009/10		G	G	G	
3.4	We will have in place a Capacity Plan and provide evidence of implementation progress to demonstrate effective use of our clinical capacity	Capacity Plan and Implementation Plan 3c-3p	VH	March 2010	A	Winter Plan agreed by TMT in July 2009. Challenges associated with a 10% reduction in the LOS targets (to achieve increased contract levels)	Continued work around 18 weeks - both admitted and non-admitted to ensure balance between elective and emergency demand	A	A	A	
3.5	We will provide direct access to diagnostic services in all appropriate modalities		VH	March 2010	G	Direct Access services are in place for plain film, ultrasound and MRI examinations. W'ton PCT have declined our offer to provide direct access for CT examinations for the present - DA now in place for some lung function and neurophysiology tests		G	G	G	

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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											
To be updated quarterly											
4.1	The rate of GP/Dental referrals will remain stable or increase when compared with previous year	4b	VH	March 2010	G	Referral increased		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	4c	VH	March 2010	G	Referral increased		G	G	G	
4.3	We will widen the area from which we receive referrals for 1st appointment (Source HES data)		VH	March 2010	G	Marginal increase in new out-patients for secondary and tertiary level services		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	Minutes of Wolverhampton O&SC and communication plan for others	DL	March 2010	G	On plan		G	G	G	
4.5	We will evidence progress against the Marketing Implementation Plan	Marketing Implementation Plan	VH	March 2010	G	On track		G	G	G	
4.6	We will evidence progress against the 'Brand' implementation plan	Brand Implementation Plan	VH	March 2010	G	On plan - Website launched October 2009 - Marketing prospectus from April		G	G	G	
4.7	We will promote the need for a positive image and measure improvements by a 5% reduction in attitudinal complaints (08/09 Baseline of 20% of all complaints were attitudinal in nature)	4d	CE	Quarterly	A	19% of all complaints in Q3 of 08/09 were attitudinal - the percentage in the third quarter 0f 09/10 is 21% this constitutes a 2% increase.	YTD shows a position of 20%. A change of approach to awareness raising and challenging poor attitudes to be developed.	A	G	A	
4.8	Media coverage will be positive (80:20 split)	4a	DL	March 2010	A	Reviewing performance systems in place.		G	A	G	
4.9	Achievement of Trust success will be celebrated both internally and externally	Royal Awards, external awards and Trust Talk	DL	March 2010	G	On plan		G	G	G	
4.10	We will improve written patient information and measure by random sampling	Adhoc surveying	CE	Dec 09	G	No evidence of action taken	Action plan required by new Patient Experience Lead	A	A	A	
a											
5.1	We will demonstrate continuous improvement of the 'Better Care, Better Value' clinical indicators	3c, 3g, 3p, 8a, 8b,	VH	March 2010	A	Q2 09/10 - we are better against national average for Los, Day Case Rates, Pre-op Elective Beds Days and DNA. We are worse than the national average for Pre-op Non-Elective Beds Days and New to Review rates. Although worse than the national average for new to review, our position against the 170 Trusts rated within BCBV has improved.		A	A	A	
5.2	We will have in place an Efficiency Strategy and provide evidence of progress against the implementation plan	Efficiency Strategy and Implementation Plan (all elements of repository where improvement is required)	VH	1 May 2009 31.3.2009	A	Strategy agreed by the Trust Board. Evidence of progress on milestone plan.		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 v's staff costs and reducing average pay cost per admission	5a.1 - 5a.5	VH	March 2010	G	2 of the 4 indicators are showing an improvement in efficiency when compared with the same quarter previous year. Deterioration in ratios of A/C staff costs v clinical income and spells through available bed days		A	R	A	
5.4	We will have robust CIP plans in place for 2009/10, 10/11 and 11/12 and deliver plan for 2009/10.	5b	KS	09/10 June 09	A	On target of 25% removed from budgets in Q1 Plans outstanding for £1.5m	2009/10 CIP achieved	A	G	G	
				2010/11 Sept 09	R	Plans still under construction. 80% developed for 2010/11 and 70% for the remainder	Work on going. Deadline extended to Jan 2010	A	A	A	
5.5	We will agree the target contribution for each service line (SLR)		KS	October 2009		No contribution targets sets for 2009/10 - will not be set until data considered robust.					

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To be updated quarterly											
5.6	For CQC existing commitments and national priorities we will score fully met/excellent	5c - 5w & 3d-3n	VH	March 2010	G	For Q3 we are off plan for 62 days cancer ref to treatment, 2 week symptomatic breast waiting time.	Reintroduced the cancer PTL meeting which are proving effective with improvements seen in the 62 day target compliance. Additional capacity has come online during Decembner which gives us confidence to achieve the 93% target for symptomatic breast when this becomes lives in January.	A	A	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	SLR Action Plan	KS	01 June 2009	G	On plan - second iteration for 2007/8 issued in July 09, and the first (more detailed) iteration for 2008/9 due to be issued in August.	Action plan being reconfigured in line with Project Board for SLM. Ongoing meetings with clinicians to be organised.	G	G	A	
6.2	We will achieve and maintain a Financial Risk Rating of Level 4 or above		KS	March 2010	G	On plan - included in monthly finance report to Board		G	G	G	
6.3	Our reference costs will be below 100		KS			Not achievable in short term					
6.4	We will deliver a surplus in accordance with LTFM	6a-6e	KS	March 10	G	On plan - included in monthly finance report to Board		G	G	G	
6.5	We will demonstrate audit activity against plan		KS	March 2010	G	On plan		G	G	G	
6.6	We will improve our ALE score to Level 3		KS	March 2010	G	On plan - actually achieved for 2008/9		G	G	G	
6.7	The Trust is able to authorise signing of the Statement of Internal Control	Statement of Internal Control	CE	April 2010	G	No adverse report		G	G	G	
6.8	The Auditors will provide an unqualified opinion of the Trust's accounts		KS	March 2010	G			G	G	G	
6.9	We will meet our contractual obligations in relation to activity	6f - 6i	VH	01 March 2010	G	All areas on plan		G	G	G	
Strategic Goal 7 - To be a high quality educator											
7.1	We will provide evidence of new roles at AFC entry level		DH	March 2010	A	Target no longer applicable					
7.2	95% of Royal College visits will be positive	100% = no re-visits required outside planned schedule of visits	DH	March 2010	G	CMT visit identified problems in Oncology. Action plan submitted to Deanery. Oncology re-visit on 12th Jan -Amber assessment of risk currently	Action plan has been implemented to address concerns. Awaiting deanery assessment of efficacy of action plan	G	A	A	
7.3	The Trust will retain its status for pre-registration nurses	NMC accreditation review	DH	June 2009	G			G	G	G	
7.4	95% of feedback from Junior Doctors in training will be positive	7a	DH	March 2010	G	PMETB survey report due Aug/Sept 2010		G	G	G	
7.6	All agreed Consultant Job Plans will include an element of education		DH	March 2010	A	To be assessed again following next round of job plans		A	A	A	
7.7	Training expenditure will reflect 0.5% of Pay budget	7f	DH		A	0.41%		R	R	R	
7.8	75% of staff have accessed training	7g	DH	March 2010	A	Q2 Meeting the target		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 2010	G	Ongoing - Participation in transforming community services programme		G	G	G	
8.2	We will provide evidence to demonstrate progress against the Wolverhampton Maternity Services Strategy Implementation Plan		VH	March 2010	G	Evidence provided through KPIs, Health start to life programme board and adherence to maternity specification.		G	G	G	
Strategic Goal 9 - To develop our position as a tertiary centre											
9.1	See (4.5) Marketing Implementation Plan	Marketing Implementation Plan	VH	March 2010	G	On plan - See 4.5 above		G	G	G	

THE ROYAL WOLVERHAMPTON NHS TRUST ANNUAL PLAN 2009/10

Appendix 1

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To be updated quarterly											
9.2	We will maintain or increase the number of clinics/specialties delivering Trust services in satellite units	Baseline of 7	VH	March 2010	G	Bridgnorth increase/new service -3 sessions Ophthalmology (increase) -1 session Dermatology (increase) -4 sessions Rheumatology (new) -2 sessions Orthotics (new)		G	G	G	
9.3	We will increase the number of patients from outside Wolverhampton using our Stroke Service	9a	VH	March 2010	G	20.51% increase.		G	G	G	
9.4	We will increase the number of patients from outside Wolverhampton using our Primary PCI Service	9b	VH	March 2010	G	Specialised Services committed to the change and have submitted change plans to the Overview and Scrutiny Committee. We are awaiting a start date		G	G	G	
9.5	We will increase the number of patients from outside Wolverhampton using our Cancer Services	9c	VH	March 2010	G	2.29% decrease on 08/09 outturn.		G	G	G	
9.6	We will increase the number of tertiary services we offer		VH	March 2010	A	Increases in Stroke activity and Cardiac activity from Leicester starts in October (interim only for Cardiac)		G	G	G	
9.7	We will demonstrate an increase in participation in Clinical trials	9d	BM	March 2010	G	2547 at Q3		G	G	G	
9.8	We will increase the level of Research and Development income	9e	BM	March 2010	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	March 2010	A	Changes to Monitor's requirements for CIP percentages for the years to be assessed as part of the FT application are presenting a significant issue for the Trust. In addition the appointment of a new finance director are resulting in a delay to the application which has been agreed with the SHA	Continue focussed work on identifying CIP for the next 3 years - Agreed at Trust Board on 12th October to down grade to amber	R	A	A	
10.2	We will demonstrate progress against the Service Line Management implementation plan		VH	proposal to July Trust Board	G	SLM plan agreed and implementation in progress		G	G	G	
10.3	We will increase the number of R&D products on the market from 10 to 15	10b	BM	March 2010	G	Q3 = 13		G	A	G	
10.4	10 Clinical Directors/Aspiring Clinical Directors will undertake the Developing Leaders Programme per year	10c	DH	March 2010	A	Delivery of DLP will not be this financial year because of alignment of DLP to SLM. However stretch E&T interventions to support DLP to current senior managers will start this financial year.	Planning advanced course now in line with SLM- to be delivered after April 2010. Planning of course started but delivery will not occur before end March 2011	G	G	A	
10.5	10 Managers/Aspiring Managers (Clinical and non-clinical) will undertake the Developing Leaders Programme per year	10d	DH	March 2010	A	Delivery of DLP will not be this financial year because of alignment of DLP to SLM. However stretch E&T interventions to support DLP to current senior managers will start this financial year.	Planning advanced course now in line with SLM- to be delivered after April 2010. Planning of course started but delivery will not occur before end March 2012	G	G	A	
10.6	The Trust Board will demonstrate progress against the Board Development programme	Board Development Programme	DL	March 2010	G			A	A	A	
10.7	We will undertake an annual evaluation of Board Performance and develop an action plan	Board Performance Action Plan	DL	March 2010	G			A	A	A	