Yorkshire and the Humber Strategic Health Authority **BOARD MEETING**	NHS Yorkshire and the Humber
Date: 26 January 2010	**Report Author: Karl Milner**

Title of paper:
Business Plan 2009/2010 – review

Actions Requested:
Note the paper

SHA Objectives supported by this paper:
All objectives – this paper summarises the work that has taken place against the SHA's Business Plan and specifically against the 20 principal objectives and their associated measures adopted by the board in June 2009.

Risk Management:
This paper clarifies the work to date and the updates the Board in order to help its ability to effectively carry out its role.

Board Assurances:
None

Risk Assessment:
Risks to the delivery of the principal objectives are summarised in the Board Assurance Framework

Communication (including public and patient involvement):
The Business Plan has been discussed at the SHA all staff away day, in directorates and cross directorate groupings. A group of associate directors from across the SHA has acted as a reference group for the project.

Resource Implications:
The majority of the outstanding risks against the resource have been managed and mitigated. SMT will ensure that resource is prioritised and allocated appropriately on an ongoing basis as part of the process of reviewing risk and delivery.

Legal Implications:
None identified

Equality and Diversity:
No specific issues identified in relation to this report

NHS Constitution
The Business Plan supports the NHS Constitution and has been developed in line with its principles.

Business plan 2009/10 – Q3 update

1. Strategic context

1.1 This paper updates the board on the progress being made by the entire SHA against this year's business plan and specifically against the 20 principal objectives and their associate measures adopted by the board in June 2009. These measures were updated in line with changes to national policy and reporting deadlines in November 2009.

2. Report

2.1 We are on track to meet the majority of our objective measures (see appendix). Good progress has been made especially against our innovation and quality indicators.

2.2 This quarter the management of the business plan has uncovered two areas of specific concern: (a) that we face a significant management capacity pinch point in March/April as a number of SHA wide programmes come to a head, for which we must prepare, and, (b) further clarity of roles is required and work must be undertaken if we are to achieve our partnership measures on time.

2.3 SMT has acknowledged these issues and we expect to achieve all our indicative measures by the close of the planning year.

3. The Future

3.1 The last report to the board identified the need to move to a three year strategic cycle with an annual plan and measures agreed by the board each spring – a work stream has been established to construct the strategy by the end of February 2009 and to move into a full planning round and publication of an annual plan in March/April 2009.

3.2 The board agreed in November to reduce and broaden the number and scope of our annual objectives and split them into cross directorate programmes measured against there Project Initiation Documents and Directorate actions measured against Key Performance Indicators. The 2010/13 Strategy document and associated organisational development and annual plans will do so.

3.3 To manage progress we are proposing to alter the internal monitoring structures and will merge the *Assurance Group* and the *Business planning group* as though they theoretically perform separate functions, in practice we have found considerable overlap. The merged group will continue to report directly to SMT.

3.4 A final report against the 2009/10 objectives and indicative measures will be presented at year end.

Karl Milner
Director of Communications and PR

NHS Yorkshire & Humber Delivery Principal Objectives Sit Rep: Date January 2010

PCT Development and Assurance [RR] report no. 3

Measurable	Finish	% Complete
Master class event delivered, with good evaluation. June 2009	Tue 30/06/09	100%
All Yorkshire and the Humber PCTs represented on the national "PCT portal" showcasing best practice by March 2010	Wed 31/03/10	68%
One third of PCTs in Yorkshire and the Humber take advantage of "buddy-ing" opportunities with PCTs in other SHA regions by March 2010	Wed 31/03/10	100%

Top Strategic Risks/Issues — **Mitigated Risk scores**

1. Lack of SHA capacity to run assurance process — 4
2. Lack of corporate leadership of SHA development of PCTs — 12
3. PCTs not progressing through WCC scores due to ceasing developing activities as a result of the economic downturn — 12

Key Progress Over Last 10 weeks

1. Sign off project plans to deliver year 2 assurance including finalising the SHA's development offer for PCTs — X
2. SHA core analytical team agreed and established — √
3. PCT draft strategic and finance plans and outcome trajectories submitted for SHA comment — √

Key progress over next 10 Weeks

1. Development offer for PCTs signed off - director stock take of development activity will be complete
2. SHA core team of analysts established and trained
3. PCTs will have successfully all documents for analysis

Health Improvement & Inequality [PJ] report no. 2

Measurable	Finish	% Complete
Develop and implement the wider determinants of health and inequalities plan inline with the marmot review - March 2010	Wed 31/03/10	68%
Delivery of the regional 25% Chlamydia screening target by March 2010	Wed 31/03/10	68%
To ensure that 80% of women receive the results of their cervical screening tests within 4 weeks by March 2010 (and 100% within 2 weeks by December 2010)	Wed 31/03/10	68%

Top Strategic Risks/Issues — **Mitigated Risk scores**

1. Services not provided equally to all groups and populations in the region — 4
2. Economic crisis widens the gap — 6
3. Economic crisis causes PCTs to disinvest in prevention — 6

Key Progress Over Last 10 weeks

1. Abdominal aortic aneurysm bids for wave 1 to be submitted to national team by end November — √
2. Event held with LA Chief Executive to develop a regional approach to delivering the national strategy on health inequalities (Marmott) — √
3. Develop action plan for increasing access to contraception — √

Key progress over next 10 Weeks

1. Regional sexual health needs assessment
2. Public health assessment PCT strategic plans competence to deliver health inequalities outcomes through WCC
3. Phase one work on early cancer diagnosis complete (analysis)

Transforming Community services [RR]] report no. 2

Measurable	Finish	% Complete
Agree Quality and Efficiency indicators for community Services by spring 2010	Wed 31/03/10	68%
Deliver an assurance framework for the new organisations of provider services by July 2009	Fri 31/07/09	100%
All PCTs on plan to be rated green on business readiness by October 2009	Fri 30/10/09	100%

Top Strategic Risks/Issues — **Mitigated Risk scores**

1. PCT capacity and the scale of the challenge — 6
2. Fragmented decision-making leading to sub-optimal/unviable provider landscape — 8
3. Lack of staff and stakeholder buy-in to PCT decisions — 4

Key Progress Over Last 10 weeks

1. Assurance that all PCTs will achieve business readiness by October — √
2. Further assurance that PCT commissioning strategies are on track — √
3. Sustainable provider landscape emerging in some health economies — √

Key progress over next 10 Weeks

1. Assurance that all PCTs will achieve transition plan for proposed Dec 09 milestone
2. Evidence of implementation of PCT commissioning strategies reflected in preparation for 2010/11 contract round
3. Sustainable provider landscape emerging in some health economies

Resource the future [RC] report no. 2

Measurable	Finish	% Complete
Produce a Medium Term Financial Strategy which is aligned with the SHA's overarching strategy by November 2009	Wed 31/03/10	68%
Strategic Investment Fund is delivered inline with projections included in the Medium Term Financial Strategy by March 2010	Wed 31/03/10	68%
WTD compliance achieved by August 2009	Mon 31/08/09	100%

Top Strategic Risks/Issues — **Mitigated Risk scores**

1. PCT delivery of financial balance in the medium term — 8

Key Progress Over Last 10 weeks

1. Further advice on planning assumptions/operating framework to be developed — √
2. Further development of productivity options — X

Key progress over next 10 Weeks

1. Further development of productivity options
2. Review and evaluate PCT WCC financial plans
3. Review trust medium term financial plans

IM&T [RC] report no. 2

Measurable	Finish	% Complete
Coverage of SystmOne increased to 50% GPs and Community, Child Health and Prison coverage complete by March 2010	Wed 31/03/10	68%
Status of the Information Governance Toolkit progressed from Amber to Green by March 2010	Wed 31/03/10	68%
A secondary care strategic system (Lorenzo) Patient Administration System (PAS) into one NHS organisation within the North by March 2010	Wed 31/03/10	68%

Top Strategic Risks/Issues — **Mitigated Risk scores**

1. Fit for purpose NPfIT products are not delivered by the supplier or are delayed — 9
2. Delays in implementing Information Governance assurance across Y&H — 6

Key Progress Over Last 10 weeks

1. Complete roll out of TPP to all child health services by Oct 09 — √
2. Trust/PCTs CEs commissioned internal info governance audits and assurance that portable device encryption is complete — √
3. Progress on systmone to OOH units and complete for prisons — X

Key progress over next 10 Weeks

1. Work with other SHAs to deliver two national pilot deployments for Lorenzo strategic solution
2. Complete roll out plan for deployment of Detailed Share Model across Y&H
3. Mid-year review of LHC Operating Framework Informatics plans complete

Emergency Planning [PJ] report no. 2

Measurable	Finish	% Complete
Pandemic Coordination fulfilled to DH satisfaction, as confirmed by letter by March 2010	Wed 31/03/10	68%
Documentation of all NHS organisations have complied with 2009/10 Operating framework plans exercised (tested) and lesson are reviewed by Spring 2010. inc. lessons learned in real incidents	Wed 31/03/10	68%

Top Strategic Risks/Issues — **Mitigated Risk scores**

1. Organisations inadequately prepared to respond to emergencies including level and range of specialist advice to deal with incidents and emergencies — 9

Key Progress Over Last 10 weeks

1. Update through Regional Swine Flu Group - Board approved assurance for pandemic flu preparedness including a statement of readiness — √
2. Continued co-ordination function through SHA incident room — √
3. Associate Director for Winter secondment with focus on daily operational issues — √

Key progress over next 10 Weeks

1. Agree revised assurance process for emergency preparedness
2. Recovery process and lessons learnt report written
3. Swine flu and seasonal flu vaccination campaign complete

Shaping the Market [RR] report no. 2

Measurable	Finish	% Complete
SHA Above Average in SHA Assurance Re: System Management by March 2010	Wed 31/03/10	68%
3 Trusts to be in Monitor's FT authorisation process by March 2010	Wed 31/03/10	68%
SHA region delivers improvements in the offer and recall of choice as measured through national choice surveys by March 2010.	Wed 31/03/10	68%

Top Strategic Risks/Issues — **Mitigated Risk scores**

1. Commissioners/practices lack sufficient engagement and fail to offer elective service choice — 6
2. SHA fails to articulate clear strategic vision for providers — 8
3. Financial crisis/ commissioning budgets pressure diverts attention — 8

Key Progress Over Last 10 weeks

1. Progress on the FT pipeline - Airedale and HEY — √
2. Progress on system management against SHA assurance framework — √
3. Progess on support to PCTs on WCC 7and 9 — √

Key progress over next 10 Weeks

1. Completion of the 'core provider' guidance
2. HEY and Airedale FT application process
3. PCT support on WCC 7 and 9

Quality [SP] report no. 2

Measurable	Finish	% Complete
Set up a system for the development and use of quality metrics for 10/11 contracts by March 2010	Wed 31/03/10	68%
Delivery against key milestones within QIPP strategy implementation plan by March 2010	Wed 31/03/10	68%
Transfer SUI Performance management to PCTs by December 2009	Thu 31/12/09	89%

Top Strategic Risks/Issues — **Mitigated Risk scores**

1. SHA may not have coordinated approach to delivering quality — 4
2. SHA does not identify and manage poor patient safety & clinical quality systems in trusts/pcts — 3
3. SHA lack of capacity to lead Y&H patient experience improvement — 6

Key Progress Over Last 10 weeks

1. Produce co-ordinated SHA QIPP strategy implementation plan including a programme of actions to deliver QIPP — X
2. Assessment of PCT QIPP plans - feedback and follow-up actions — √
3. Focus '12 things all SHA should be doing now about QIPP' incl links with other SHAs — √

Key progress over next 10 Weeks

1. Development of CQUINs 2010/11 and establishment of new quality forum
2. New performance dashboard in place incl emphasis on quality indicators and NHS YH quality observatory established
3. Patient safety action learning events (incl patient safety action team review)

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Healthy ambitions (specific actions) [RR] report no. 2

Measurable	Finish	% Complete
Full Metrics Set for HA in place by March 2010	Wed 31/03/10	68%
One new programmes to be delivered for Healthy Ambitions by December 2009	Thu 31/12/09	90%
CAG set specific objectives to deliver by August 2009	Mon 31/08/09	100%

Top Strategic Risks/Issues — **Mitigated Risk scores**

1. Economic climate slows progress — 6
2. Enabling workstreams (i.e. NPfIT) diverted to other priorities — 6
3. Service changes referred to IRP or challenging to deliver in economic climate — 6

Key Progress Over Last 10 weeks

1. Regional reviews (establishing priority and process) — √
2. Developing 'Delivering Healthy Ambitions - Better for Less' resources — √

Key progress over next 10 Weeks

1. Outcome of confirm and challenge meetings
2. New pathway for LD developed
3. WCC draft strategic plans assessed for HA delivery

Innovation [SP] report no. 2

Measurable	Finish	% Complete
Innovation Board established by October 2009 with responsibility for ensuring the delivery of the SHA's statutory duty and the strategic programme for promoting innovation in Y&H	Fri 30/10/09	100%
New systems and processes in place to share and spread innovation based on ideas from our innovation partners by March 2010	Wed 31/03/10	67%
Small set of innovation indicators used across the region to monitor the invention adoption and spread of innovations across the region and the impact in improving quality and productivity – pilot from December 2009	Thu 31/12/09	89%

Top Strategic Risks/Issues — **Mitigated Risk scores**

1. Low level productivity gains due to lack of spread of innovations — 6
2. Regional innovation fund no impact in realising productivity gains — 4
3. Lack of SHA leadership in creating innovation culture due to capacity — 4

Key Progress Over Last 10 weeks

1. RIF in place, first call for applications received — √
2. Plans for Yorks and Humber innovation council in place — √
3. Action taken to increase team capacity in line with September Board proposal — √

Key progress over next 10 Weeks

1. Increase in capacity to deliver strategy
2. Metrics in place to track impact of innovation work
3. Plan for innovation council/collaborative in place co-produced with CEs and innovation partners

Finance [RC] report no. 2

Measurable	Finish	% Complete
Deliver Control Totals March 2010	Wed 31/03/10	68%
Annual Account delivered across SHA 2010	Wed 31/03/10	68%

Top Strategic Risks/Issues — **Mitigated Risk scores**

1. Financial instability due to uncontrollable cost increases and organisations going into deficit — 6

Key Progress Over Last 10 weeks

1. Ongoing monitoring and financial performance management — √
2. Debtor / creditor exercise to be completed — √
3. Month 7 income and expenditure agreements and year end timetable issued — X

Key progress over next 10 Weeks

1. Month 8 and Q3 data returns from PCTs
2. Quarterly review of workforce contracts
3. Month 9 debtor-creditor agreements / income and expenditure agreements

Operating Framework [BH] report no. 2

Measurable	Finish	% Complete
Deliver the "Big 5" Performance targets as a region by March 2010	Wed 31/03/10	68%
Systemise all Health Inequalities reporting by March 2010	Wed 31/03/10	68%

Top Strategic Risks/Issues — **Mitigated Risk scores**

1. Lack of capacity in organisations to deliver national targets and expectations — 9
2. Economic crisis causes disinvestment in key areas — 9
3. QIPP does not deliver sufficiently to sustain target delivery — 9

Key Progress Over Last 10 weeks

1. Systemising of reporting eg Military health — X
2. Preparation for mid-year reviews — √
3. Mid year stock take of organisational progress against delivery of the operating framework — √

Key progress over next 10 Weeks

1. Systemising of reporting
2. One year operational plans received from all organisations as per SHA planning process
3. Operating framework launched which will provide the mandate for service delivery across organisations

Safeguarding [SP] - report no.2

Measurable	Finish	% Complete
Develop good practice safeguarding indicators for the local NHS by winter 2009	Thu 31/12/09	89%
By Summer 2009, clear safeguarding children governance arrangements will be in place in each economy demonstrating PCT board links to LSCBs	Fri 31/07/09	100%
Serious case review and safeguarding SUI processes will be fully aligned by March 2010	Wed 31/03/10	68%

Top Strategic Risks/Issues — **Mitigated Risk scores**

1. SHA performance role compromised by lack of SCRs information — 6
2. SHA may not be fit for purpose as staff not sufficiently trained or have CRB checks — 6
3. Economic situation diverts funding from the most vulnerable — 6

Key Progress Over Last 10 weeks

1. Put in place SHA's safeguarding strategy — √
2. Progess work to ensure the right governance arrangements for vulnerable adults are in place in PCTs — √
3. Integrate SCR and SUI processes — √

Key progress over next 10 Weeks

1. Clearer assessment of safeguarding across the region, particularly for children
2. Improved processes for sharing and spreading promising practice
3. Clearer leadership arrangements for adult safeguarding in local health economies

Organisational support and intervention [BH] report no. 2

Measurable	Finish	% Complete
Develop Performance systems protocols by November 2009	Mon 30/11/09	100%
Implement all 4 performance frameworks by March 2010	Wed 31/03/10	68%
Set up intelligence Clinics by July 2009	Fri 31/07/09	100%

Top Strategic Risks/Issues — **Mitigated Risk scores**

1. Too many poor performers overwhelming SHA capacity — 6
2. Economic climate distances commissioners/providers when joint working essential — 6
3. SHA monitoring/ benchmarking mechanisms fail to identify deterioration in performance — 6

Key Progress Over Last 10 weeks

1. LTHT delivering A&E target and DSSA milestones delivered — √
2. Assurance that Scarborough issues resolved and no outstanding patient safety issues (ongoing) — √
3. YAS delivering 8 min standard for 75% of all Cat A calls — X

Key progress over next 10 Weeks

1. Greater number of organisations demonstrating delivery of 18 weeks target within T&O
2. Delivery of expected levels of performance and improvement in reporting of data around cancer waits by a greater number of organisations
3. Expected marked improvement in 18 weeks at LTHT and Cat A at YAS

Regional Relations [PJ] report no. 2

Measurable	Finish	% Complete
Improve score on audit lines for partnership supported by a 360° stakeholder analysis by March 2010	Wed 31/03/10	68%
Align GO and SHA performance of Health Inequalities By December 2009	Thu 31/12/09	90%
Local NHS organisations seen as making positive input to local partnerships and contributing to work to improve the regional economy by March 2010	Wed 31/03/10	68%

Top Strategic Risks/Issues — **Mitigated Risk scores**

1. GOYH/SHA processes for health inequalities and wellbeing not aligned — 6
2. SHA not contributing in regional partnerships or sufficiently involving stakeholders in strategy/planning — 4
3. Uncertainty about national policy direction due to economic climate — 12

Key Progress Over Last 10 weeks

1. Partnership Strategy - first draft to SMT — X
2. Governance and leadership arrangements re delivery of PSA 16 agreed — √

Key progress over next 10 Weeks

1. First draft of the partnership strategy to SMT and to the January Board

Effective HQ [KM] report no. 2

Measurable	Finish	% Complete
Improve "Organisational Health" in SHA Assurance programme March 2010	Wed 31/03/10	67%
Implement Stage 1 and 2 of the Share-point project by December 2009	Thu 31/12/09	90%
Establish a programme office and deliver an annual planning process by November 2009	Mon 30/11/09	100%

Top Strategic Risks/Issues — **Mitigated Risk scores**

1. Lack of capacity to develop processes for statutory duty/compliance — 4
2. Board hindered by lack of clarity re roles/responsibilities and lack of required information — 3
3. Lack of agreed/owned values and vision for the SHA — 3

Key Progress Over Last 10 weeks

1. Sharepoint project stages 1 and 2 scoped out and infrastructure agreed — √
2. BIAs for all directorates and hosted services detailed and SMT agreed on essential/non essential working — √
3. Strengthened system of internal control — √

Key progress over next 10 Weeks

1. Sharepoint phase 1 completed (install FOI package, IT installation in place)
2. Cross-directorate assurance group to establish baseline self-assessment for SHA assurance process
3. All staff fully aware of final values and business model for SHA

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Carbon Reduction [SP] report no. 2

Measurable	Finish	% Complete
Develop Carbon Reduction strategy (inc. work streams) by November 2009	Mon 30/11/09	100%
Develop SHA action plan by December 2009	Thu 31/12/09	90%
Ensure all PCT organisations have a strategy for carbon reduction by March 2010	Wed 31/03/10	68%

Top Strategic Risks/Issues — **Mitigated Risk scores**

1. Insufficient ring-fenced funding to promote carbon reduction — 9
2. Carbon reduction not seen as a priority by all SHA directorates — 8
3. Lack of expertise in the field to support development of SHA plans — 9

Key Progress Over Last 10 weeks

1. Draft the SHA carbon reduction policy and enter into SMT/Board approval process — X
2. Establish internal SHA carbon reduction project team and identify long-term project leader — X

Key progress over next 10 Weeks

1. Draft the SHA carbon reduction/climate change management policy and enter into SMT/Board approval process
2. Establish internal SHA carbon reduction project team and identify project leader
3. Publication of NHS Forest report

Promote the NHS [KM] report no. 2

Measurable	Finish	% Complete
Remain in top 3 regions for Public Satisfaction in all polling until March 2010	Wed 31/03/10	68%
Improve on official DH media score index to above 1500 by March 2010	Wed 31/03/10	68%
Increased competency scores (average) for WCC Competency 1 and 3 by March 2010	Wed 31/03/10	68%

Top Strategic Risks/Issues — **Mitigated Risk scores**

1. SHA unable to provide adequate support to ensure orgs meet legal consultation/reporting duties — 6
2. NHS/SHA reputation damage due to loss of public/political confidence in health services — 6
3. Swine flu diverts resources away from reputation management — 12

Key Progress Over Last 10 weeks

1. All WCC documentation updated and all visits completed — √
2. Communication strategy agreed for QIPP — √

Key progress over next 10 Weeks

1. All WCC documentation up to date
2. Launch choose well campaign to support patients in choosing the most appropriate treatment for them
3. Review Yorkshire Post presence following the first quarter's coverage

Develop the workforce [TG] report no. 2

Measurable	Finish	% Complete
Summary of agreements with HEIs and summary of LDAs presented to the Board (Quarterly update)	Wed 31/03/10	68%
Leadership and Talent Management Plan presented to the Board (July 2009)	Fri 31/07/09	100%
MPET SLA and Operating Plan in place (July 2009)	Fri 31/07/09	100%

Top Strategic Risks/Issues — **Mitigated Risk scores**

1. Failure to recruit sufficient Doctors to meet WTD requirements — 6
2. MPET review results in funding reduction, leading to financial risk and impacting on SHA ability to commission education and training — 6
3. Economic situation results in funding/resource being directed away — 6

Key Progress Over Last 10 weeks

1. Workforce planning events with health economies — √
2. Agree clinical skills investment priorities for 2009/10 — √
3. Promote the NHS constitution — √

Key progress over next 10 Weeks

1. Review the output of a strategic workforce planning fora to indentify workforce risks and plans
2. Produce commissioning plans for 2010/11
3. Actively promote the NHS Constitution in line with the agreed action plan

Lead the NHS Community [BMc] report no. 2

Measurable	Finish	% Complete
Regional Health Community Architecture Agreed and operating by December 2009	Thu 31/12/09	90%

Top Strategic Risk/Issue — **Mitigated Risk scores**

1. Division between PCTs and Providers — 4
2. Changes at CQC make close working more difficult in early months — 4
3. Lack of buy-in from constituent organisations to collective working — 4

Key Progress Over Last 10 weeks

1. Review of regional meetings underway/completed — √
2. Further development of QIPP-type metrics ensuring reporting around quality, outcomes and efficiencies are as rigorous and routine as existing performance metrics — √

Key progress over next 10 Weeks

1. Review of architecture to be completed and meeting dates altered accordingly
2. Quality Observatory to be up and running

Key: Gantt Chart

- Baseline Target Completion Date
- Forecast Completion Date
- % Complete
- Current Progress Line (Identifies slippage against current date)

Risk scores have RAG status

- Low-medium (1-6) = Green
- High (8-12) = Amber
- Significant (15-25) = Red

Principal Objective	Scoping statement & work programme
PCT Development and Assurance [RR]	To operate an effective and trusted PCT assurance process of PCTs to oversee the SHA's development programmes for PCTs, and support the development of PCTs against agreed trajectories.
Health Improvement & Inequality [PJ]	Lead to deliver health improvement targets for life expectancy and reducing health inequalities, in particular supporting the early diagnosis and management of Long Term Conditions, the 2010 Health Inequalities Delivery Plan and Infant Mortality Plan.
Transforming Community services [AL]	Programme Manage the elements of the TSC, linking in with PCT commissioning strategies and sustainability of the supply side landscape.
Resource the future	The development of medium-term financial strategies to ensure the necessary resources (revenue, capital, workforce) are in place to deliver strategic objectives.
IM&T	Use technology to transform service delivery. Ensure the appropriate use of information to improve patient care.
Emergency Planning	Ensure NHS organisations have annually reviewed plans in place to respond to major incidents (to include an influenza pandemic) and adapt to latest best practice.
Shaping the Market [RR]	On the (a) supply and (b) demand sides including: (a) ensuring that supply is sustainable, affordable and fit for purpose. Develop Trusts to FT status; and, (b) Promoting public empowerment by improving information, expanding choice and increasing the use of personalized budgets.
Quality (Safety, Experience, Effectiveness) [SP]	Set the strategic direction for the systematic improvement of Quality in all aspects of Healthcare and ensure delivery.
Healthy ambitions (specific actions) [RR]	Deliver year 2 implementation of specific actions from Healthy Ambitions, through PCT strategic and operating plans, and the agreed cross-regional and regional strands of work.
Innovation [SP]	Set the strategic direction for service improvement and innovation methodologies which covers both clinical and business systems for today and tomorrow, ensuring delivery.
Finance [RC]	Delivery of control totals and the co-ordination and management of the annual accounts and use of resources process.
Operating Framework [AL]	Monitor progress and ensure commissioners have local plans to deliver all requirements of the NHS Operating Framework, which are clearly aligned to their strategic vision.
Safeguarding [SP]	Ensure the integrity and development of systems which safeguard the well-being of vulnerable young people and adults throughout the NHS and in collaboration with other relevant agencies.
Organisational support and intervention [AL]	Monitor performance delivery and operate robust, scaled and consistent interventions when performance or organizational capability is of concern.
Regional Relations [PJ]	Provide regional leadership for the health community when working with: (a) Government agencies, (b) Institutions of regional standing and (c) other stakeholders.
Effective HQ [AL]	Ensure all aspects of SHA work are supported by effective systems, governance communications & infrastructure; and are resilient and that arrangements ensure the Board is in a position to function effectively in its role, both leading the region and specifically overseeing SHA business.
Carbon Reduction [SP]	Ensure the regional NHS is builds on and improves its leadership role in reducing carbon emissions, and we ourselves are efficient in the use of resources.
Promote the NHS [KM]	Proactively protect and promote the NHS brand in Yorkshire and the Humber; including the promotion of the values of the NHS outlined in the NHS Constitution.
Develop the workforce [TG]	Develop the existing and future workforce through effective workforce planning, education and commissioning strategies
Lead the NHS Community [BH]	Maintain meaningful relationships with all NHS organisations in Yorkshire and the Humber and coordinating effective communication and cooperation with other SHAs, Regulators and DH.