

<p><b>Yorkshire and the Humber Strategic Health Authority</b></p> <p><b>BOARD MEETING</b></p>	
<p><b>Date:</b> 7 September 2010</p>	<p><b>Report Author:</b> Karl Milner</p>
<p><b>Title of paper:</b> 2010/11 Directorate Business Plans – Mid-Year Progress Report</p>	
<p><b>Actions Requested:</b> The Board is asked to note the mid-year position in progressing directorate business plans.</p>	
<p><b>Governance Requirements</b></p>	
<p><b>SHA Objectives supported by this paper:</b> Making Yorkshire and the Humber SHA an excellent organisation.</p>	
<p><b>Risk Management:</b> 3.2 SHA internal systems and processes fail to support the effective governance, operation and resilience of the organisation, including in relation to the discharge of its statutory functions</p>	
<p><b>Board Assurances:</b> This report is intended to provide assurance to the Board on the progress being made in delivery of the contribution made by each of the SHA's directorates to the achievement of the corporate ambitions.</p>	
<p><b>Risk Assessment:</b> Risks that threaten the achievement of the corporate ambitions and the controls and actions in place to mitigate these are being reported to the Board via the Assurance Framework</p>	
<p><b>Communication (including public and patient involvement):</b> All SHA directorates have contributed to this report</p>	
<p><b>Resource Implications – including productivity and value for money:</b> Not applicable</p>	
<p><b>Legal Implications:</b> Not applicable</p>	
<p><b>Equality and Diversity:</b> There are no specific E&amp;D implications associated with this report</p>	
<p><b>NHS Constitution:</b> This paper upholds the guiding principle of accountability.</p>	

**Yorkshire and the Humber Strategic Health Authority**

**7 September 2010**

**2010/11 Directorate Business Plans – Mid Year Progress Report**

At its meeting in April 2010, the Board received summaries of the business plans proposed by directorates as their contributions to the achievement of the organisation's corporate ambitions.

The following report reiterates the summary plans with the addition of a mid-year report on progress to date.

Risks identified as potentially threatening the achievement of the corporate ambitions are set out in the accompanying Board Assurance report.

**The Board is asked to note progress reported by each directorate for the year to date.**

Karl Milner  
Director of Communications and Public Relations  
September 2010

## **2010/11 Directorate Business Plans - Mid-Year Progress Report**

<b>Medical Director</b>
<b>1) Which of the key programmes/processes/ambition targets the Directorate leads on</b>  We lead on:  Corporate Programmes: Clinical leadership  Corporate processes: Medical revalidation
<b>2) How the Directorate contributes to all key programmes/processes</b>  We contribute to:  Corporate programmes: QIPP Quality Observatory Innovation Operating Framework Equality and Diversity  Corporate processes: Single assurance and accountability process Capital business case approvals process
<b>3) Directorate Budget:</b> Part of the Chief Executive's Office – no separate budget
<b>4) Directorate contribution to Corporate Social Responsibility</b>
<b>5) Other key Directorate priority measures</b> <ul style="list-style-type: none"><li>• Yorkshire and the Humber Vascular Service Review</li></ul>
<b>6) Where the Board can access the full Directorate Business Plan</b> <ul style="list-style-type: none"><li>• From the Medical Director</li></ul>
<b>7) Progress Report – September 2010</b>  Three significant pieces of work occupy the MD's office. Clinical leadership continues to be a significant stream of work, maintaining the direction and management of the Clinical Leaders Network which has expanded to a second cohort totalling 140 clinical leaders. Feedback continues to be strongly positive. The successful appointment of clinical leader fellows each with a bursary has been completed. The medical directors Yorkshire and the Humber meetings have been

re-established to ensure the development of the supportive and effective network.

Preparation for medical revalidation has developed during the last six months. Despite the announcement that the current pilot period is extended for twelve months revalidation and appraisal have required numerous interventions. In general terms employers in Yorkshire and the Humber are appropriately prepared for the full implementation of revalidation.

Pathology modernisation is a growing area of activity. A data return was made to the DH in June. A discussion paper will be presented to the Chief Executives Forum to identify the options in Yorkshire and the Humber.

## **Patient Care & Partnerships Directorate**

### **1. Which of the key programmes/processes/ambition targets the Directorate leads on**

- a) Safeguarding – (Process & Target - Measure as per action plan)
- b) SUI Management
- c) Quality Observatory
- d) LSA
- e) Patient Survey
- f) IM&T and NPfIT
- g) Innovation
- h) Delivery of Single Equality Scheme

### **2. How the Directorate contributes to all key programmes/processes**

- We work with all other directorates in contribution to key programmes and processes.

### **3. Directorate Budget**

- £1.8 million

### **4. Directorate contribution to Corporate Social Responsibility**

- We are active contributors to charity fundraising and lead work in the SHA and across the NHS on Carbon reduction and energy efficiency. We work closely with the voluntary sector across the region

### **5. Other key Directorate priority measures**

- a) Quality and Safety Strategy 2010/13
- b) Deliver an approved Safeguarding, Partnerships, Innovation and Climate Change Strategies
- c) Establish Nurse Sensitive & Patient Experience metrics
- d) Integration health and social care improvement resource
- e) Establishing T-Health hub.

### **6. Where the Board can access the full Directorate Business Plan**

- From the Director of Patient Care and Partnerships

### **7. Progress Report – September 2010**

- All work funded through the 'Delivering Single Sex Accommodation' programme completed and all Trust compliant with DSSA requirements by 30 June 2010.

- Patient Experience Metrics dashboard developed and will be incorporated into SHA Board Quality and Performance reports.
- Closure of YHIP now agreed and in progress.
- Cross sectoral QIPP work stream established in partnership with Directors Adult Social Care.
- New Quality (Improvement Team established (Chair Sarah Harkness) which is developing new Quality Improvement Plan to end March 2012. To go to SHA Board October 2010.
- Q1 performance against stroke vital signs has improved (dramatically in some PCTs).
- Performance against MRSA objectives and CDiff target on track.
- High Impact Actions incorporated in new Quality Improvement Plan and moving forward at pace.
- Regional framework for Climate Change Management and Carbon reduction achieved. All PCTs assessed for adoption of Regional Framework, Yorkshire and Humber ranked 2<sup>nd</sup> nationally – highest performance on Sustainable Development.
- Safeguarding Strategy Action Plan is on track.
- Regional Innovation Fund projects (09/10) funded and Service Level Agreements in place. Quarterly updating process in place.
- Discussions underway with HIEC to agree specific deliverables and priorities for 10/11 – patient safety; long term conditions, child and maternal health.
- QIPP work programme for dementia established.
- Learning Disabilities – Yorkshire and Humber cited as good practice region by Health Ombudsman regarding work on Valuing People.
- Offender Health – All prison partnership boards self assessed against prison indicators and validated by SHA.
- National Programme for IT – Informatics programmes aligned to QIPP programmes.

- Clear plan in place to deliver against Detailed Implementation Plan
- T-Health Programme Board established and well attended. Programme and Project Plans developed. Numerous engagement events with PCTs and Trusts held.
- We are leading SHA for embedding Clinical Safety Management System for Patient Safety in relation to IT deployment systems.
- Quality Observatory Steering Board established and well attended.
- Successful learning events held to facilitate learning from extreme SUIs.

## **Performance, Finance and Assurance Directorate**

### **1) Which of the key programmes/processes/ambition targets the Directorate leads on**

To achieve our ambition for the finest health service including

- Year on year improvement in the proportion of Trusts and PCTs achieving good or excellent CQC ratings, particularly making progress in the most challenged areas
- Ensure all health systems deliver on their strategic and operational plans in line with QIPP requirements
- 70% of outcome improvements set out in PCT strategic plans will be improving in line with trajectory
- All Y&H Trusts and PCTs will deliver balance/annual control totals
- The region, as a whole, will deliver its vital signs targets and keep to contract plan

We will

- Put in place a single Accountability & Assurance and maintain a Capital Business Case Approval process through our 'Accountability & Assurance' role
- Continue to manage the agreed escalation/turnaround policy
- Oversee the system rules such as those for dispute resolution, Practice Based Commissioning, Payment by Results (tariff), CQUINs, Emergency Planning and SCAP as part of our 'system regulation' role.
- Provide financial leadership to the region

To achieve our ambition of making the SHA an excellent organisation we will

- Maintain sound systems of financial governance and stewardship for expenditure managed by the SHA
- Provide leadership and build capacity in the Finance and Performance functions
- Address specific outcomes from the SHA Assurance process relating to Performance, Finance and Assurance, seek improved staff survey responses in the relevant areas and support the delivery of a single equality scheme

### **2) How the Directorate contributes to all key programmes/processes**

- Ensure strong linkage between the single Accountability and Assurance process and the QIPP programme through the various strategic roles of the SHA
- Provide a clear financial framework for the workforce investment programme as part of our capacity-building role

### 3) Directorate Budget

wte : 43.25  
Pay : £2,717,209  
Non Pay: £374,956

### 4) Directorate contribution to Corporate Social Responsibility

- Encourage staff in the team to reduce carbon footprint by the use of walking, cycling and public transport in their journey to work
- Provide opportunities for apprenticeships and placements in finance

### 5) Other key Directorate priority measures

- Strong finance staff development across the region to bring together staff from PCTs, Trusts and Foundation Trusts
- To influence national finance policy development

### 6) Where the Board can access the full Directorate Business Plan

Full business plan available from Helena Charlton, Directorate Business Manager

### 7) Progress Report – September 2010

#### External Finance

- Business Case approvals taken forward, notably Scunthorpe IHSCC FBC, Beverley OBC, NYY Women's Low Secure Unit OBC
- FT development – Airedale achieved FT status; revised trajectories agreed with remaining NHS Trusts and submitted in quarterly returns to DH. Further work now in progress with other Directorates to widen input to development process, recognising scale of work around quality compliance framework, as well as significant OD challenge for some organisations
- Significant input to WCC assurance process, including analysis of financial templates, with further work now being initiated around updates to medium term financial plans
- Significant input to agreement and monitoring of QIPP savings trajectories, including ensuring coherence with FIMS financial planning and monitoring system
- Significant input to delivery of TCS agenda, across a range of areas, including ongoing contribution to assurance of PCT provider transfer proposals
- Significant input to SAAP process, including development & refinement of finance metrics;
- Review of Q1 financial performance, including meetings with each PCT Director of Finance
- Continuing Care - Q1 deliverables completed

- Dental - Significant input to dental access plan refresh exercise, and support to DH approach to 2011-12 allocations process

### **Emergency Preparedness**

- 2010 World Cup, August Bank Holiday and Heat wave Assurance from all trusts
- NHS Resilience Assurance Framework updated and circulated to all trusts on a monthly basis
- Workshop and Board Report provided May 2010
- Vaccination Workshop took place on 1<sup>st</sup> July 2010
- 'Final Lessons Learnt' Report sent to all Trusts in July 2010
- Leadership Training took place in June 2010
- On Call review has taken place with Lead PCT
- Regular meetings take place with DH Teams and Government Office as well as NHS partners
- Systematic linkage to whole system in both urgent and emergency care, to ensure interoperability

### **Analytical Team**

The analytical team are managing the SAAP dashboard, and are producing monthly updates. The team has developed a QIPP monitoring report encompassing activity, finance, beds and system health metrics, and are producing fortnightly updates. Changes to national targets announced in the revised Operating Framework have been incorporated into routine and bespoke reports and analyses.

### **Internal Finance**

- Management of Use Of Resources – Awaiting scores from the Audit Commission which are due to be released mid august – review will then take place.
- Deliver Forecast Spend – Q1 financial reports show forecast underspend on target. Month 4 position will be reported to the Board in September.
- Annual accounts delivered on time and to high standard as reported to the audit committee. Monthly accounts are prepared and reported to timetable and again of a high standard.
- Strong Use of Resources performance – Awaiting scores from the Audit Commission.

### **Performance**

- The Planning round for 2010/11 was successfully conducted utilising the Single assurance and accountability process. All directorates contributed to a much more aligned process this year which sent out a much more unified message to the organisations across Yorkshire and the Humber.

- Commissioners produced one year operational plans and five year strategic plans which were quality assured by all directorates within the SHA to ensure that local plans were aligned to the delivery of their 'in year' performance and their strategic plans were aligned to their Strategic vision.
- The 2 multi-SHA contracts managed by the SHA are both performing to plan. The value of the contracts is set and so the risk to the SHA of incurring additional costs is minimal. The Renal Dialysis contract is performing at about 90% capacity and the PET CT contract at 75% capacity. All activity is paid for by PCTs. The PET CT Contract Manager is undertaking remedial action to increase the service take-up rate for PET CT.

### **Contracts**

- The Contract Intelligence Unit (CIU) has been established and in operation from 7<sup>th</sup> June 2010. The team is working with Finance, Performance and Information colleagues to triangulate contract information.
- The contract monitoring system (CMIS) and contract processes are being developed.
- The CIU are monitoring incorporation of CQUINs into local contracts.

## Public Health Directorate

### 1) Which of the key programmes/processes/ambition targets the Directorate leads on

#### We lead on:

Public Health Improvement including smoking prevalence reduction, obesity, unplanned admissions for stroke, alcohol misuse.

Health inequality reduction programmes including Marmot and 2010 Plan. This will include a focus on Equality and Diversity.

Health Protection: Vaccination and Immunisation programme screening and emergency planning/resilience (with finance and performance). Sexual Health, Oral Health. Infectious Diseases

Cancer/ Cancer Reform Strategy, Public Health/Clinical advice/Alert letters

Public Health Leadership/Workforce and Director Network

Health Intelligence/Public Health Observatory

Strategic partnerships with Government Office Yorkshire and the Humber as Senior Responsible Officer for Local Authority Agreements (LAAs) and Comprehensive Area Assessments (CAAs).

### 2) How the Directorate contributes to all key programmes/processes

#### We support:

#### **World Class Commissioning (WCC)**

WCC Panel Briefings and WCC process, review PCT Operational Plans. Share outcomes with LAA teams to inform CAAs.

#### **Health Ambitions Pathways**

Staying Healthy Delivery Plan. Staying Healthy QIPP and Better for Less pack. Delivery for SHA and DH through Directors of Public Health network. Public Health input on Long Term Conditions, Primary Care, Cancer

#### **SUI Management**

#### **QIPP**

#### **Emergency Planning**

Staff trained as Scientific and Technical Advice Cell (STAC) Manager and Loggists in event of implementation of Emergency Planning

#### **Workforce, Education & Development**

## **SHA Assurance**

### **Corporate objectives to achieve equality and diversity**

#### **3) Directorate Budget**

**£1,225,163 made up from:**

- **Pay costs: £1,157,301 which includes the required £100,000 savings**
- **Non pay costs: £67,862**

#### **4) Directorate contribution to Corporate Social Responsibility**

Encourage staff engagement with Carbon Reduction strategy – use transportation as efficiently as possible in order to reduce carbon footprint, including better use of communications to avoid unnecessary travel.

Encourage staff to undertake volunteering activities.

Raising money for Haiti event on 1 April being organised by Fiona Day and opened by Paul Johnstone. North2North Health Partnership with Pakistan.  
Participation in the Selby Cycle event.

#### **5) Other key Directorate priority measures**

##### **Emergency Planning**

- Lead PH response to Major Emergencies
- Ensure continuity plans in place

##### **Dental programme**

##### **Integrated working with DH/Government Office part of the Public Health team for areas of joint delivery**

- Cross Government initiatives and deliverables eg. children's agenda, safeguarding, teenage pregnancy,
- Social Care delivery
- Economic Delivery Group
- Resilience

#### **6) Where the Board can access the full Directorate Business Plan**

From the Regional Director of Public Health

## **7) Progress Report – September 2010**

### **Healthier people**

- A “two years on” review of progress against the Healthy Ambitions ‘Staying Healthy’ recommendations has been completed: this will report to the Staying Healthy Board in August. Significant progress has been made in the commissioning of services for people with alcohol problems and people who need support to lose weight.
- 10 PCTs have signed up to deliver the ‘Making Every Contact Count’ programme. A report evaluating the economic case for behaviour change has been completed and a further piece of work looking at the extension of the competency framework into social care has been produced.
- A QIPP pack on ‘Staying Healthy’ and two Better for Less briefings have been produced on Making Every Contact Count and Smoking in Pregnancy.
- A new approach to tobacco control and smoking cessation services has been discussed with PCT CEs.
- A series of “confirm and challenge” meetings with the former spearhead areas has taken place – with colleagues in performance - to assess local progress in tackling health inequalities.
- A regional event to promote early interventions for cancer was successfully held in April.
- Dental public health network formed to take forward oral health work in the region.
- Phase 1 of the feasibility study on water fluoridation is almost complete: further discussions are needed on progressing work to Phase 2 and timescales.
- A Public Health Specialist Workforce Review has been completed. This has included taking forward the National Dental Public Health Workforce Review. Action will be taken forward with colleagues in workforce.
- Work to collate material on clinical and cost effectiveness of obesity services in the region has been carried out.

### **Finest health services:**

- A cancer QIPP pack is being prepared for publication in the autumn: this will include cancer equity audits
- The SHA has taken on the clinical guardian role for PET CT scanning.
- A bowel cancer peer review process has been introduced in the region and the SHA continues to be a top performer for cervical screening.
- The SHA has initiated a ‘look back’ exercise in Rotherham to review clinical quality in breast screening services: further work is likely to be needed.

- Year end (2009/10) reporting of the Chlamydia screening programme confirmed that the region achieved 23% against a 25% target.
- A good practice commissioning guide for sexual health services has been drafted.
- A development programme for PCT immunisation leads has been put in place. Options to improve the accuracy of data on immunisation are being explored.
- Work to quality assure the NHS Health check pathway for each PCT is being carried out. Nationally NHS Health check work is on hold.
- A Hepatitis C strategy group has been formed: the SHA's Deputy Director is also a member of the National Liver Strategy Board.

**Excellent organisation:**

- The Public Health team led a group of staff participating in the Great Selby Bike ride: thanks to the generosity of all SHA staff we raised over £1000 for good causes.

**Additional work:**

- The publication of the "Liberating the NHS" White Paper sets out a number of very significant changes for public health. A further more detailed White Paper on public health is planned for December 2010. A number of actions are planned to prepare for the NHS White Paper changes and also to provide input to the Secretary of State and the Chief Medical Officer on key issues relating to the forthcoming public health White paper. Activity will engage the public health community across the region. There will also be a 'stakeholder group' – to engage particularly with local government colleagues which will be linked to the proposed 'Health Summit' with chief executives in the autumn.

## **Strategy and System Reform Directorate**

### **1) Which of the key programmes/processes/ambition targets the Directorate leads on**

We lead on:

Corporate Programmes: Healthy Ambitions  
Regional QIPP strands  
Provider development  
Transforming Community Services

Corporate processes: Service change assurance process  
WCC assurance process  
System rules  
Strategic Scenario Planning

Ambition targets: HA regional reviews  
Ensure all PCTs deliver on their key strategic and operational plans in line with QIPP requirements  
Deliver a single equality scheme

### **2) How the Directorate contributes to all key programmes/processes**

We contribute to:

Corporate programmes: Innovation  
Operating Framework

Corporate processes: Single assurance and accountability process  
Capital business case approvals process

### **3) Directorate Budget: £1,284,520**

### **4) Directorate contribution to Corporate Social Responsibility**

- We are willing to receive a care leaver into our team.
- We will include the estimated cost of meetings on meeting agendas.
- We will give up at least 5 days of work time to contribute to staff volunteering.

### **5) Other key Directorate priority measures**

- Commissioner Landscape
- Shaping Future Strategy

### **6) Where the Board can access the full Directorate Business Plan**

- From the Director of Strategy and System Reform

## **7) Progress Report – September 2010**

### **Co-ordination of QIPP:**

DH ratings have now improved significantly on our QIPP plan, based on the implementation of a comprehensive programme management approach to PCT QIPP planning. We now have a fully established Programme Management Office overseeing delivery. We produce monthly QIPP Resource Packs which are very well utilised in the system and have received 4,500 downloads in total. This has been supplemented with a Quality and Productivity Calculator for primary care, and we are supporting PCTs to reduce unwarranted variation in primary care. We provide ongoing analytical and strategic support and challenge to local systems about their plans. There is still more work to do to secure regional QIPP work streams, and provider and GP alignment to QIPP plans in local systems.

### **Regional reviews:**

The vascular review is near completion, with recommendations for consideration by the CEs forum in September, and the decision to be made by SCG subsequently. The telemedicine in stroke care project is underway with approval to proceed to procurement granted by the SHA Board in July. This supplements a major push on stroke care from prevention to rehabilitation through a two stage review of PCT plans against our clinically developed Stroke Assurance Framework. We have already seen big improvements on a number of key indicators for stroke, but there is still some distance to go. We have initiated discussions on trauma services, as the next major clinical area for consideration on a strategic footprint, and this will be for discussion with the chief executives in September.

### **Transforming Community Services:**

The Board has received regular updates on TCS. Since April, we have clarified the SHA assurance process, and the role of the Board in approvals. We have given detailed feedback to every PCT about the emerging direction and have set a timed trajectory for every PCT to meet the new Government's deadlines. There continue to be a range of options, with growing interest in the social enterprise model.

### **World Class Commissioning:**

We have successfully completed the WCC assurance process, and used the insight to shape our approach to support and intervention to PCTs. We saw a significant improvement in the capability and capacity of a number of PCTs, and in their support for developing GP practice-based commissioning.

### **Liberating the NHS:**

Whilst not in our original business plan, we have taken stock of all our programmes against the new Coalition Government's stated direction of travel. We will bring a paper to the Board in October to describe how we will deliver the requirements on SHAs to support the development of GP consortia, develop a market in commissioning support and run the national authorisation process for GP consortia.

## **Workforce and Education Directorate**

### **1) Which of the key programmes/processes/ambition targets the Directorate leads on**

The Workforce and Education Directorate leads on the following two key corporate programmes and processes:

#### ***Corporate Programmes***

- Talent and Leadership programmes
- SHA OD Plan

#### ***Corporate Processes***

- Workforce planning, development and education

The Workforce and Education Directorate actively contributes to the ambition target of making Yorkshire and the Humber SHA an excellent organisation by:

- a) Leading, developing and implementing in partnership with all Directorates a Single Equality Scheme
- b) Working with all Directorates to improve SHA staff survey responses and ensure that all staff have an appraisal and a Personal Development Plan

The Workforce and Education Directorate has set the following high level objectives to deliver the above key corporate programmes and processes:

- Ensuring robust education commissioning contract management
- Implementing education commissioning for quality
- Supporting innovation and continuous improvement through the Health Innovation and Education Cluster (HIEC) and other means
- Refreshing *Workforce Ambitions* to reflect QIPP challenges and revised education commissioning intentions
- Providing workforce information, planning processes, model solutions and education/training to support policy initiatives
- Developing leadership and talent management
- Developing system-wide organisation development capability and capacity
- Managing postgraduate medical and dental education effectively in line with PMETB standards
- Developing clinical skills facilities across Yorkshire and the Humber
- Developing and implementing a single equality scheme and supporting action plan
- Ensuring effective systems are in place for the management of all workforce and education funds

## 2) How the Directorate contributes to all key programmes/processes

The Directorate contributes to all key programmes and processes through the work streams linked to education commissioning, workforce strategy, leadership and organisational development, postgraduate medical and dental education and human resources strategy. Examples of the contribution includes:

- **Healthy Ambitions Pathway Leadership Boards**  
Achieving a structured and strategic approach to education commissioning across the whole of the healthcare workforce
- **Regional QIPP Strands**
  - Improve information available for workforce planning and decision making
  - Meet skill mix requirements through appropriate education and training initiatives
- **Single Assurance and Accountability Process**  
Provide workforce information, planning processes, model solutions and education/training to support specific policy initiatives

Full details of how the Directorate contributes to all key programmes and processes are available in the full Workforce and Education Directorate Business Plan

## 3) Directorate Budget

The Workforce and Education Directorate has a total budget of £518.2 million which is distributed as follows:

Non-Medical Education and Training	£205 million
Postgraduate Medical and Dental Education	£188.7 million
Undergraduate Medical Education	£ 80.8 million
Undergraduate Dental Education	£ 19.7 million
Non-recurrent investment	£ 8 million
Reserve	£ 16 million

## 4) Directorate contribution to Corporate Social Responsibility

The Directorate is contributing to corporate social responsibility by lessening the impact of the economic downturn through employability programmes, future jobs fund and PSA 16 which relates to increasing the rate of employment of people with mental health issues and older teenagers leaving care.

## 5) Other key Directorate priority measures

Other key Directorate priority measures include a review of Deanery priorities and functions to align with the commissioner/provider separation model and the further development of value for money/return on investment processes and key workforce metrics.

## **6) Where the Board can access the full Directorate Business Plan**

The full Directorate Business Plan will be placed on the Workforce and Education Directorate section of the NHS Yorkshire and the Humber website.

## **7) Progress Report – September 2010**

Good progress is being made against the key objectives contained within the Workforce and Education Directorate Business Plan for 2010/11. Specific examples of progress include:

- Producing a refresh of “Workforce Ambitions” to reflect QIPP challenges and revised education commissioning intentions
- Triangulating workforce plans with activity and finance plans through the Single Accountability and Assurance Process (SAAP)
- Agreeing and producing a Regional Securing Employment Charter for staff who are formally designated “at risk” of redundancy or who are under notice of redundancy as a result of organisational change
- Achieving high fill rates for Junior Doctor posts across Yorkshire and the Humber
- Making progress in developing the SHA Single Equality Scheme and Action Plan
- Widely consulting with NHS organisations and Higher Education Institutes regarding the proposed changes to the Multi-Professional Education and Training Fund
- Developing a range of proposals to address the anticipated reduction in Multi-Professional Education and Training funding
- Helping local NHS organisations to develop their leadership and talent management capacity including clinical leadership
- Delivering the education commissioning priorities contained within “Workforce Ambitions” including the active promotion of lifelong learning, development of apprenticeships and further investment in clinical skills facilities

## Communications & PR Directorate

### 1) Which of the key programmes/processes/ambition targets the Directorate leads on:

- **Finest Health Services**  
Maintain high public and patient satisfaction at above 80 per cent in the DH/NHS polls and increase the percentage of positive media coverage by 1 per cent on the 2009 baseline
- **Making the SHA an excellent organisation**  
Corporate social responsibility  
IM&T/Informatics (internal)
- **Reputation Management**
- **Social Marketing and Campaigning**
- **Business plan for corporate governance**
- **Internal Communications**

### 2) How the Directorate contributes to all key programmes/processes

- Reputation management – including proactive and reactive media management
- Corporate communications – including internal communications & campaigning
- FOIs
- Ministerial briefing
- QIPP communications and engagement support
- Governance
- Facilities management
- Business continuity
- NHS communications capacity and capability development
- Patient insight
- Sharepoint and internal informatics
- Communications and ICO support for innovation
- Patient experience metrics
- Innovation (SharePoint internal and external and Integrated Care)

### 3) Directorate Budget

- Pay and non-pay - £1,066,238
- Estates and Facilities - £1,254,940
- SharePoint - £50,000

#### 4) Directorate contribution to Corporate Social Responsibility

- Raising funds for charities (including DVH fund raising, NHS carol services)
- Support staff by encouraging volunteering (volunteering already exists within the team)
- Internal sustainability (this is led by the directorate)
- Offering work placements

#### 5) Other key Directorate priority measures

#### 6) Where the Board can access the full Directorate Business Plan

Karl Milner, Director of Communications and PR

#### 7) Progress Report - September 2010

##### Corporate:

**IT/SharePoint update** – Office 2007 and IE8 upgrades completed. 35 early users (site editors) trained. SharePoint 2010 to be deployed September after its release late May.

**Health and Safety/Facilities** – Don Valley House window and cladding replacement on target for completion autumn 2010. Café Blenheim contract successfully re-tendered to start end December 2010.

**Sustainability** – information on electricity/gas/printing collected and monitored. Savings on all areas being shown. First newsletter published. Sustainability week deferred to October.

##### Communications:

- Internal communications strategy complete and being implemented
- Choose Well campaign planning and co-ordination underway at local, regional and national level
- Joint SAAP/QIPP communication and engagement strategy is complete and being implemented
- On-going reputation management