

<p>Yorkshire and the Humber Strategic Health Authority</p> <p>BOARD MEETING</p>	 <p>Yorkshire and the Humber</p>
<p>Date: 6 November 2007</p>	<p>Report Author: Rosamond Roughton</p>
<p>Title of paper: Business Planning</p>	
<p>Actions Requested: <i>To receive the 2007/088 business plan. To approve the process for business planning for 2008/09.</i></p>	
<p>Governance Requirements:</p>	
<p>SHA Objectives supported by this paper: <i>(Objective 5) Ensuring Corporate Responsibility</i></p>	
<p>Communication (including public and patient involvement): There has been consultation with staff and key partners on the business plan.</p>	
<p>Risk Assessment: <i>The business plan provides an overall framework for the risk register, and as such, is not a risk in itself.</i></p>	
<p>Resource implications: <i>There are no major resource implications to developing the business plan for 2008/09.</i></p>	
<p>Legal Implications: <i>None.</i></p>	
<p>Equality and Diversity: <i>The expectation is that individual programmes of work will take account of the equality and diversity requirements.</i></p>	

Yorkshire and the Humber Strategic Health Authority

6 November 2007

Business Planning

Introduction

1. This paper encloses a copy of this year's business plan, for formal receipt by the board – building on the overarching objectives developed with the board earlier this year, and the consultation on the *Health Blueprint* with wider partners and the public. Strategy and System Reform directorate have now taken on responsibility for leading the business planning process.
2. The paper also proposes an approach and timetable for business planning for 2008/9 – for approval by the board.

2007/08 Business Plan

3. For 2007/8 we produced two documents: the Health Blueprint and the Business Plan. The headline objectives were developed with the Board earlier this calendar year, but we decided to await the outcome of the consultation on the Health Blueprint before formally adopting the business plan. An overview is enclosed at appendix A. Detailed directorate objectives lie behind the business plan.
4. The Health Blueprint was published in June 2006. Since then we have received the views of 4,000 individuals and institutions from across the region. 10% answered the consultation through our partnership agreement with the *Yorkshire Post* newspaper; the results are planned to be published in November. In total, 74% of respondents were satisfied with the service the NHS provides in the region, and 71% think that service is value for money.
5. The aims and objectives set out in the Blueprint document received considerable popular support. Our respondents expressed a wish for us to prioritise continuous improvement in specific services: especially those available through GPs and our work for sufferers of cancer. Our commitment to prioritise longer term conditions (specifically diabetes and stroke) received widespread support from our third sector partners. Improving public health and reducing inequalities in healthcare attracted support – specifically from local authority respondents. The Yorkshire Post survey respondents although generally supportive were particularly concerned about the inefficiency of the system and wished the NHS regionally to tackle "bureaucracy". There is common concern amongst the region's political representatives about the future of dentistry in the region. We will take account of these views in developing next year's business plan.

Proposed approach for 2008/09

6. Our objective for 2008/09 is to bring our business plan to the board in a timely fashion, whilst still maintaining engagement with our key stakeholders and staff in developing the plan. We will build on this year's outline structure.
7. The proposed timetable is:

November – Board sign off process

November to January – each directorate refresh their objectives, in light of:

- national requirements (e.g. 2008/09 Operating Framework)
- outcomes of consultations (e.g. the Next Stages Review (Darzi Review) in Yorkshire and the Humber)
- current performance
- assessment of risks

December directors time out – agree headline objectives

December - January – Associate Directors group review proposals to ensure cross-cutting issues properly addressed.

February – discuss overarching strategy with PCT chief executives and other key partners as appropriate.

April – plan submitted to Board for approval

8. In developing the 2008/09 business plan, we will demonstrate links to:
 - a. resource allocation within the region and the SHA
 - b. individual objectives and training and development plans
 - c. the assurance and risk management processes.

Conclusion

9. The board are asked:
 - a. to receive the 2007/08 business plan;
 - b. to approve the approach and timetable for developing the 2008/09 business plan.

Rosamond Roughton
Director of Strategy and System Reform
November 2007

Strategic Objectives and 2007/08 Business Plan

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Overview: 4 results, 2 objectives and 3 enablers

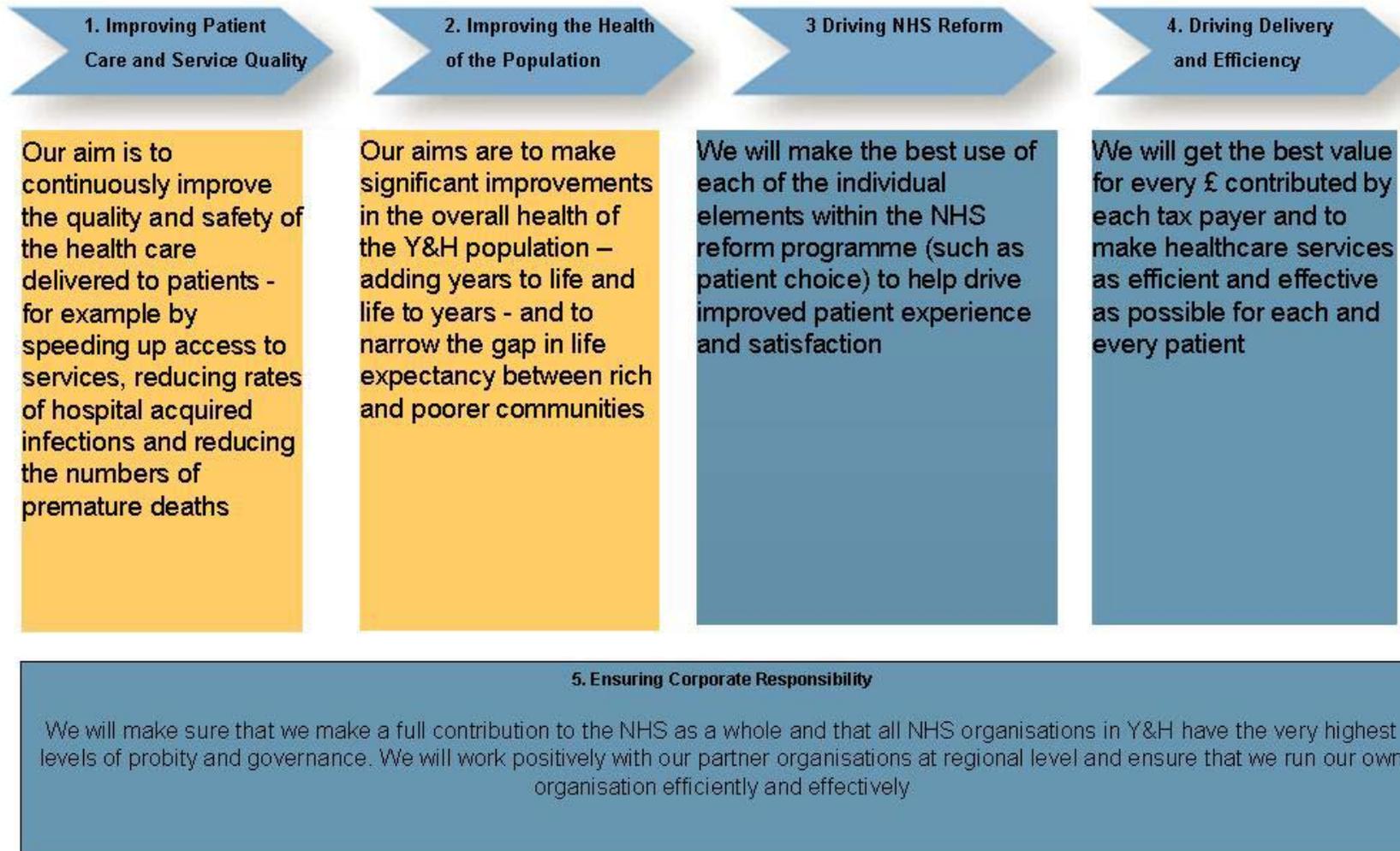
Our Aspiration reflected in 4 results	2 objectives	3 enablers: Reform	Delivery & Efficiency
1. Saving lives 2. % increase in patient satisfaction 3. % increase in staff satisfaction in own workplace 4. % efficiency	<u>1. Improving Health</u> Reducing inequalities Improving life expectancy More smoking quitters Better GUM <u>2. Improving Services</u> 18 weeks MRSA Diabetes and stroke Patient safety	Choice Patient experience Diversity FT status Practice based commissioning Provider development Workforce Payment by Results System management	Financial control Financial recovery Surplus Strong commissioning organisations NPfIT

Corporate Responsibility

Mission

*“NHS Yorkshire and the Humber – leadership,
influence and delivery for health”*

2 objectives and 3 enablers





2007/8

Ensure achievement of key safety and quality priorities across Yorkshire and the Humber including:

- ✓ A maximum wait of 18 weeks from GP referral to start of treatment of patients (AL)
- ✓ The national target for reductions in MRSA rates and local targets for reducing C Difficile infections (PJ)
- ✓ Specific regional targets to demonstrably improve patient care, experience and outcomes in diabetes and stroke (SP)
- ✓ An effective system for learning from and managing adverse clinical events (PJ)
- ✓ An effective system for emergency planning including pandemic flu planning (PJ)

2007/8

Build on the blueprint for health and health care for Yorkshire and the Humber by outlining and implementing plans for delivery of the key priorities:

- ✓ Set specific and measurable targets for each PCT to reduce inequalities in their area (PJ)
- ✓ Ensure that these make a significant contribution to improving life expectancy by 2010 (PJ)
- ✓ Have an additional 38,949 four week smoking quitters by March 2008 (PJ)
- ✓ Ensure that everyone referred to a sexual health GUM clinic is offered an appointment within 48 hours by 2008 (PJ)

2007/8

More choice and a much stronger voice for patients

- ✓ Develop the use of data on patient experiences and perceptions, to drive commissioning across the region (KM)
- ✓ Ensure patients are offered and able to exercise informed choice when selecting their primary and secondary health services (AL)

More diverse providers, with more freedom to innovate and improve services

- ✓ Establish viable markets to ensure real choice and diversity of supply, whilst ensuring long term sustainability (RR)
- ✓ Ensure all NHS providers progress to FT status - with five more Trusts becoming FTs in 2007/8 (RR)
- ✓ Set out a strategic framework for service development and ensure that there is a regional overview of local proposals for service change (RR)

Developing the Workforce

- ✓ Support all NHS organisations in the development of a workforce which is fit for purpose and available in the right numbers at the right time (TG)
- ✓ Commission medical, nursing and professional training which is fit for purpose and supports NHS reform (TG)
- ✓ Identify, develop and grow the highest levels of leadership talent for Yorkshire and the Humber (TG)

2007/8

Build on the sound financial management of NHS Yorkshire and the Humber ensuring sustainable long-term financial plans:

- ✓ Continued good financial management and control (RC)
- ✓ Yorkshire and the Humber contributes more than its "share/fair share" of the national net surplus (RC)
- ✓ All organisations within the region achieve their statutory financial duties (RC)
- ✓ Organisations with historic debts have robust plans to pay these off over realistic timescales (RC)

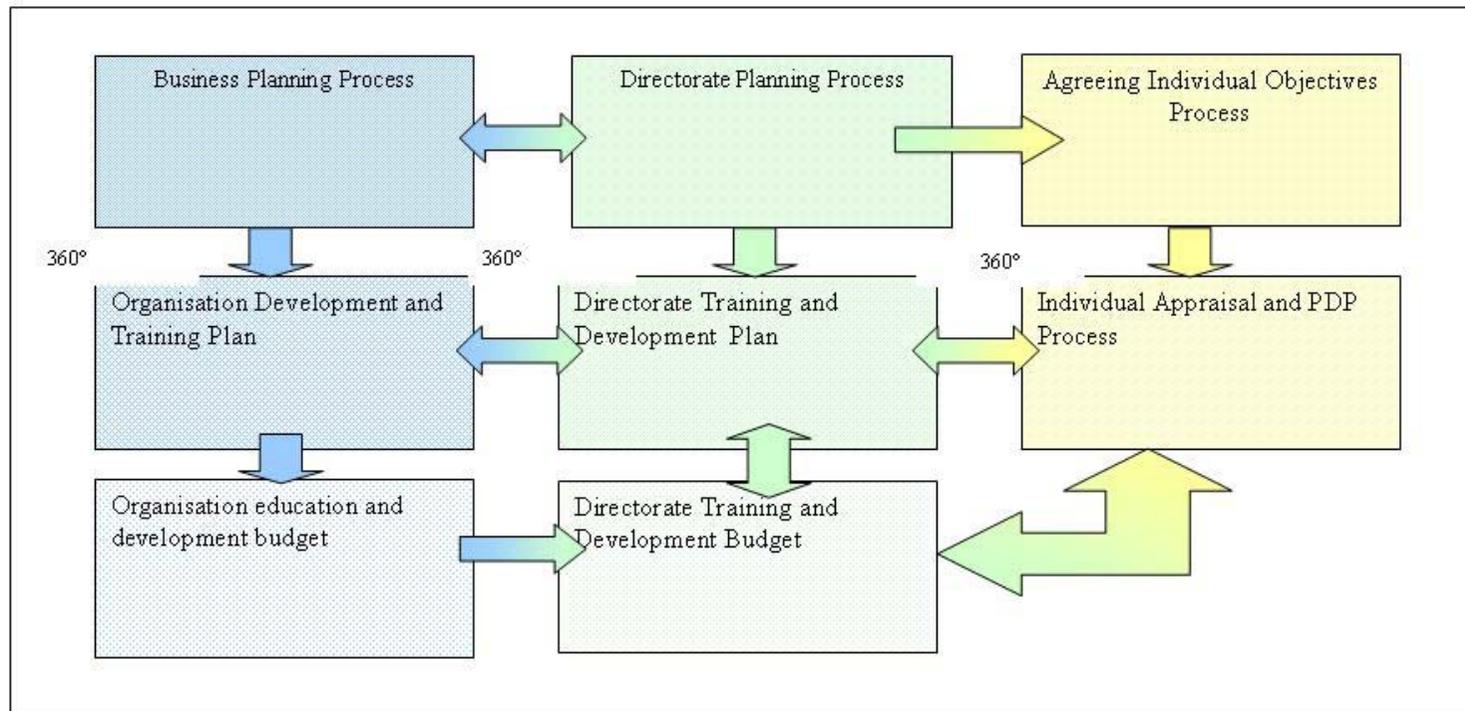
Provide strategic leadership and direction ensuring all organisations develop their leadership capability to deliver effective health services resulting in:

- ✓ Strong commissioning organisations which secure the best possible service quality and value for money across Yorkshire and the Humber (AL)
- ✓ Effective introduction of practice-based commissioning across the region (AL)
- ✓ Successful implementation of the Connecting for Health programme in Yorkshire and the Humber (RC)

5. Ensuring Corporate Responsibility

- ✓ Active membership of the NHS Management Board taking a national lead on specific projects representing the 10 SHAs where appropriate (ME)
- ✓ Ensure NHS organisations across Yorkshire and the Humber have the highest standards of corporate governance (ME/RC)
 - ✓ Ensure the 'NHS Brand' is positively promoted and protected across Yorkshire and the Humber (KM)
 - ✓ Ensure all organisations meet the requirements of Civil Contingencies Act in emergency preparedness (PJ)
- ✓ Build relationships with key stakeholders across Y&H and work appropriately with regional partners to deliver the wider health and social care agenda (SP)
 - ✓ Ensure the SHA is run efficiently and effectively and provides strategic direction and horizon scanning for the system (RR)

Business Cycle and Delivery Model



Approach: Build will, foster ideas, ensure execution, understand the evidence and focus on outcomes. Target interventions on this basis

NHS Yorkshire and the Humber Directorate Structure

