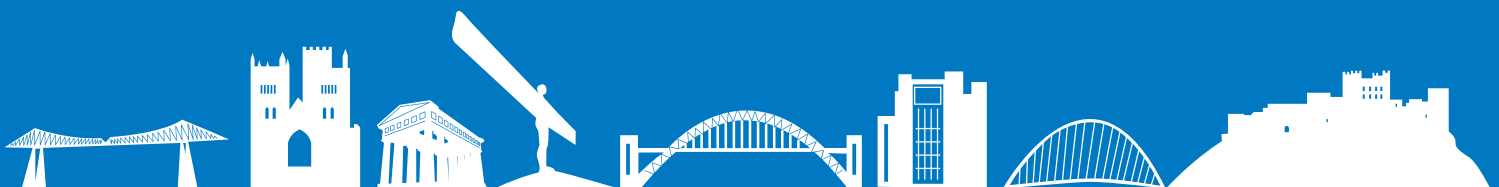
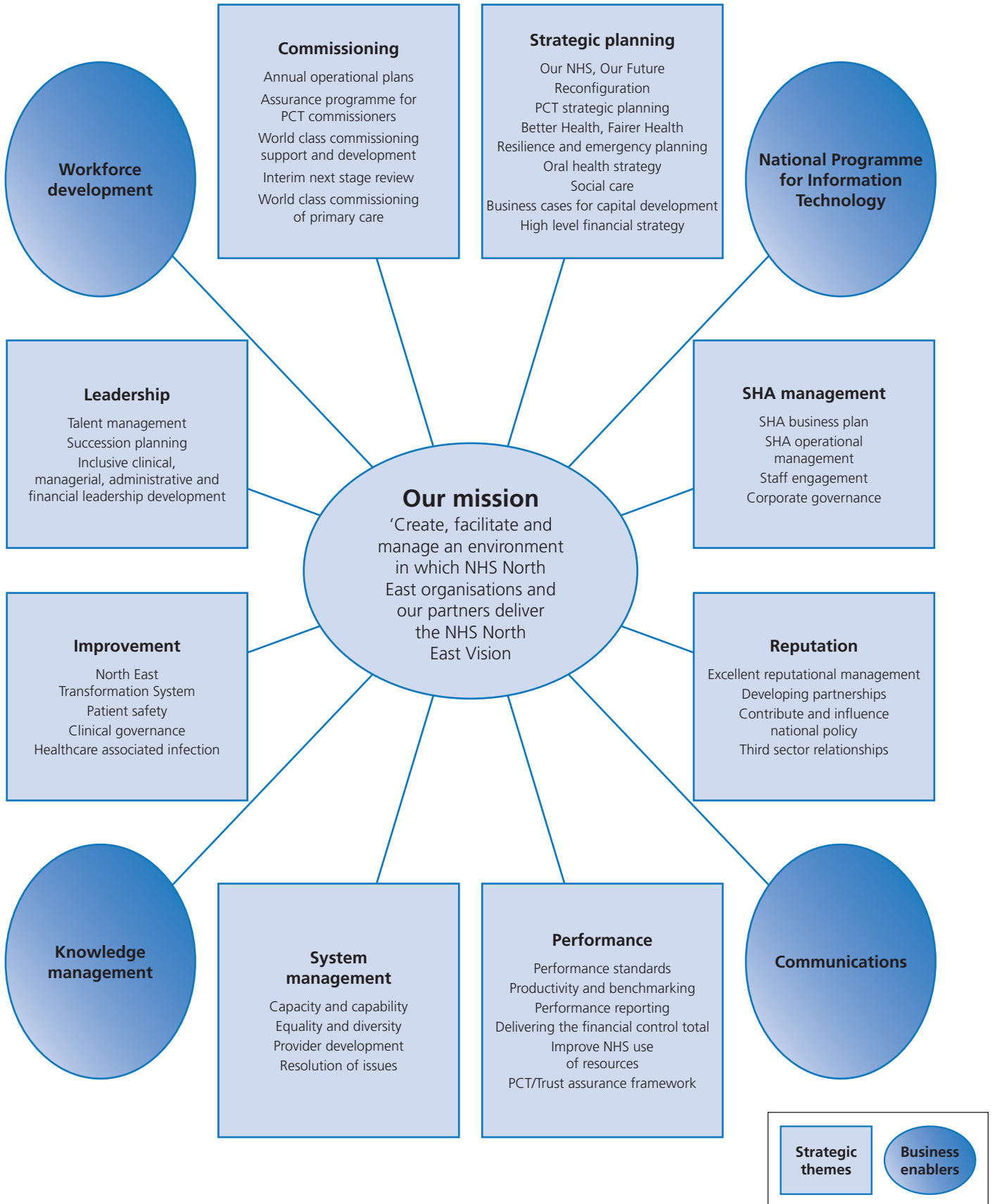


2008/09
Business plan



At a glance

Delivering our business 2008/09







Contents

Our business year at a glance	2
Contents	3
Foreword	4
Introduction	5
Strategic themes	10
Commissioning	11
System management	17
Strategic planning	23
Leadership	33
Improvement	38
Performance	44
Reputation	51
SHA management	56
Business enablers	61
Workforce development	62
National Programme for IT	68
Knowledge management	71
Communications	73
Corporate information	77
Financial strategy and information	78
Organisational structure	80

Foreword

This new format business plan is the first for our organisation since I joined in August 2007 and is the start of a longer term annual planning cycle that will set our business priorities.

Our top priority services are:

-  **safe**
-  **personalised**
-  **effective**
-  **fair**

and our plan reflects this, supported by a set of clear objectives derived from our vision and key strategic themes.

2008/09 is a key year for the NHS. We have new and stretching Department of Health targets which we must achieve to maintain our reputation as a region that delivers on its health promises.

We have done a lot of thinking about how we are going to achieve this and, as part of the *Our NHS, Our Future* review we have been asking clinicians, patients and stakeholders about what they want. As such we are in a good position to move forward at a pace to develop services further in 2008/09 and lay the foundations to keep the north east at the forefront of healthcare for the next 20 years.

Firstly, we will work with the PCTs to implement the findings of our local vision; *Our Vision, Our Future*, to ensure that we are building a health service that is fit to face the challenges of the future and is shaped by the views of the people who work within it, alongside it and who use its services.

In parallel we will take forward the *Better Health, Fairer Health* regional public health strategy. Launched in February 2008 this strategy sets out ambitious plans which aim to make the health, of people in this region, the best of any in the country over the next 25 years.

The development and implementation of world class commissioning (WCC) will be central to achieving our vision and as the NHS headquarters in the north east, the strategic health authority has a key role in supporting primary care trust commissioners to be well equipped to tackle the challenges of ensuring world class healthcare.

We cannot deliver our business alone and this plan welcomes opportunities to work with a range of NHS colleagues, regional partners, key stakeholders from public, third and private sectors, to ensure the best possible healthcare is available to people living in the north east.

These are ambitious plans and can only be achieved if we have a confident and skilled workforce to support them. This year I intend to make good on our promises to the strategic health authority staff in order to fully recognise the expertise they provide in achieving the objectives in this plan.

I am confident that our organisation can rise to the challenges ahead of us as it has done in previous years and I am looking forward to this next year with optimism and anticipation.



Ian Dalton
Chief executive

Introduction

This plan provides our organisation with a framework to deliver what is required over the next year and provides a platform to make sure we are prepared for business in 2009/10.

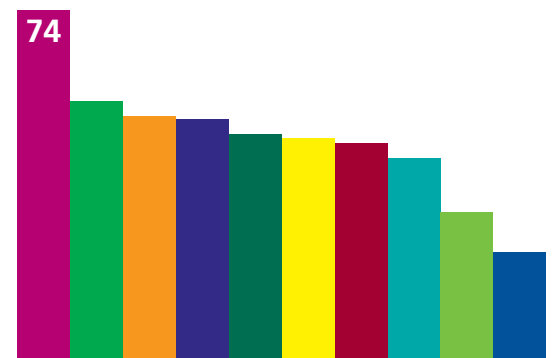
The plan has been designed to minimise business risk and maximise health outcomes through focusing on objectives which will transform healthcare in this region by;

- Further developing our vision and strategic themes
- Ensuring we deliver Department of Health targets
- Influencing and implementing policy that supports the delivery of outstanding healthcare outcomes for people living in the north east
- Working with partners, patients and the public to make sure we learn from what we do to continually improve services and make the most of our resources.

Healthcare Commission

The north east has some of the worst health related problems in the country but we've also developed some of the best healthcare services to tackle them.

The Healthcare Commission, the independent inspection body for the NHS, undertakes an annual health check to assess and rate the performance of each NHS trust in England for both quality of care and use of resources. The latest assessment demonstrated that the quality of services in the north east is the best by far.



% of NHS organisations scoring excellent or good in Quality of Services in 2006/7 HCC Ratings



This is good news but we cannot afford to be complacent and this plan is designed to both sustain and build on our current performance.

Introduction continued

Our vision

We have agreed our vision and embedded it throughout this plan.

'The NHS in the north east will be the leader of excellence in health improvement and health care services'

We will implement and deliver this vision by pursuing seven clear aims:

- No barriers to health and well being
- No avoidable deaths, injury or illness
- No avoidable suffering or pain
- No helplessness
- No unnecessary waiting or delays
- No waste
- No inequality

We aim to create a zero tolerance environment that will support our NHS colleagues and others to deliver our vision through increasing use of standard work.

Our mission

We recognise that delivering success lies beyond organisational barriers and our mission is to;

'Create, facilitate and manage an environment in which NHS North East organisations and our partners deliver the NHS North East Vision'

We will work with our partners to ensure that the culture and behaviours within the NHS environment are designed to produce results.

Introduction continued

Our strategic themes

We have arranged our plan around eight strategic themes. These themes bridge the gap to our vision and provide the framework around which we have agreed our priorities and set our objectives. They are:

- Commissioning
- System management
- Strategic planning
- Leadership
- Improvement
- Performance
- Reputation
- SHA management

We recognise that these themes cut across directorates and we have a dedicated team of SHA staff who work flexibly to ensure we deploy the right skill mix to deliver our business consistently and to the highest standards.

Business enablers

We have identified four further areas that we consider to be business critical enablers which are:

- Workforce development
- National Programme for Information Technology (NPfIT)
- Knowledge management
- Communications

Each of these has a clearly defined programme of work in 2008/09 that will support the delivery of the objectives set out in this plan by:

- Making sure we have the right people in place with the right skills to treat patients now, in addition to planning our future workforce needs.
- Implementing the NPfIT programme to ensure we have an IT infrastructure that is fit for purpose to deliver faster, safer and more effective healthcare.
- Ensuring that strategic planning is based on sound evidence and information to maximise the use of our resources.
- Developing social marketing and an integrated communications strategy to influence sustained long term change.

Introduction continued

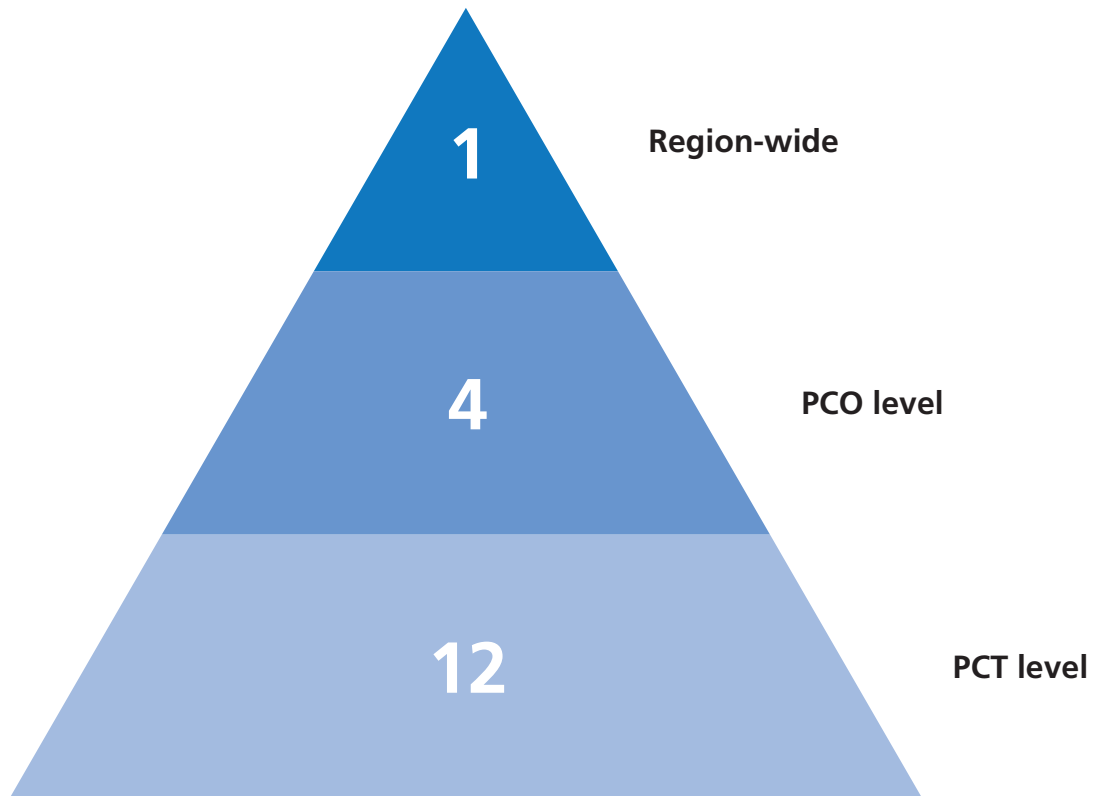
Getting things right first time

Creating a patient led NHS introduced infrastructure changes to the north east healthcare system. As a result we have had to think differently about how we work together as NHS organisations to get the best out of available resources and maximise operational efficiency.

Our answer has been to create logical units that operate as primary care clusters. We have 12 PCTs which operate as four shared

management teams called clusters. We think this provides the right configuration to take forward an ambitious commissioning agenda whilst retaining local flexibility where appropriate.

What follows in this plan is based on the principle of doing things at the right level to deliver the best outcomes. This could be once across the region, four times by cluster, or 12 times by individual PCT.



Strategic Health Authority board

Our plan has been approved by the board and activities will be reported on a regular basis. This is also aligned with the organisations assurance framework. Our board members are as follows;

Name	Position	Interests declared
Sir Peter Carr, CBE	Chairman	<ul style="list-style-type: none"> Chairman, Durham County Waste Management Ltd Co-opted member of the Court of the University of Newcastle upon Tyne Chairman, North East Advisory Committee for Clinical Excellence Awards
Professor Peter Fidler	Non-executive director	<ul style="list-style-type: none"> Non-executive director, Codeworks Non-executive director, Sunderland ARC urban regeneration company Chief executive/vice chancellor University of Sunderland and subsidiaries Board member, Sunderland Local Strategic Partnership
Professor Royston Stephens	Non-executive director	<ul style="list-style-type: none"> Dean, School of Health, Community and Education Studies, Northumbria University
Ruth Thompson, OBE	Non-executive director	<ul style="list-style-type: none"> Non-executive director, One North East Non-executive director, Northumbria University Governor – Northumbria University Non Exec Director – Northern Ireland Water Non Exec Director – NAREC Chair – National Energy Action
Katie Bosworth	Non-executive director	<ul style="list-style-type: none"> Visitor and Partner, Health Professions Council
Deborah Jenkins	Non-executive director	<ul style="list-style-type: none"> Vice Chair, Mental Health Act Commission. Chief Executive – TDI – The Derwent Initiative. Director – Kindling Ltd Chair – Barnard Castle Vision.
Ian Dalton	Chief executive	<ul style="list-style-type: none"> None
David Stout	Director of finance and communications	<ul style="list-style-type: none"> None
Dr Stephen Singleton	Medical director	<ul style="list-style-type: none"> Chair of trustees, Children's Foundation
Professor Aidan Mullan	Director of nursing and patient safety	<ul style="list-style-type: none"> Visiting professor, University of Teesside Chair of governors, Hartlepool College
Richard Barker	Director of operations and performance	<ul style="list-style-type: none"> None

Strategic themes

Strategic themes

Commissioning

To achieve unprecedented improvements in patient outcomes by supporting primary care trusts as they develop world class commissioners' competencies.

Strategic themes

Commissioning

Annual operating plans (AOPs)

Context:

PCT clusters have submitted their annual operational plans for 2008/09 that set out their aspirations for the delivery of healthcare services in their localities. We will performance manage PCTs against these plans to make sure they are on track to commission and deliver excellent NHS services. In addition we will establish a planning cycle for the production of 2009/10 plans.

Measures of success:

- Ambitious but realistic plans in place
- Delivery against a combination of national and locally set 'vital sign' indicators
- Performance targets and defined improvements in health and patient care outcomes achieved
- Financial assessment to assess resilience of plans
- Planning cycle for 2009/10 agreed

Milestones:

- Mid year review complete by November 2008
- 2009/10 AOPs agreed by February 2009

Risks:

- Plans go off course financially or in respect of key targets and ambition traded for expediency in achieving minimum expectations and must dos.

Mitigation:

- Performance management framework that holds PCTs to account for their AOP and requires recovery programmes that maintain ambitious objectives

Executive lead:

Richard Barker

Commissioning

Assurance programme for PCT commissioners

Context:

To work with McKinsey and partners to develop the SHA assurance system. Conduct the World Class Commissioning assurance programme with individual commissioning clusters agreeing follow-up, action and improvement plans as required.

Measures of success:

- SHA capability demonstrated and all PCTs to display minimum levels of competency as defined by the assurance programme.

Milestones:

- SHA assurance capability by October 2008
- PCT assurance programme by January 2009
- PCT development/action plans by March 2009

Risks:

- Failure to improve public health and health services and risk of poor spending decisions
- Setting, agreeing and delivering local stretch targets

Mitigation:

- Ensure effective development and improvement plans in place. Prepare a failure regime as part of assurance process

Executive lead:

Richard Barker.

Strategic themes

Commissioning

World class commissioning (WCC) support and development

Context:

To work with PCT chief executives to agree a WCC development programme with appropriate activities being undertaken at a national, regional and local PCT level. The development programme will commence in advance of the assurance programme but will also supplement the assurance programme in relation to capability or capacity deficits identified.

Measures of success

- Effective and value for money development programmes agreed which minimise the duplication of activities at national, regional and local PCT level.

Milestones:

- Programme agreed by May 2008
- Utilising correct data sources to self assess against WCC competencies
- Over-ambitious on delivering competencies ensuring correct balance against business delivery
- Completion of priority development programmes by September 2008
- Agreement of ongoing development requirements and programmes by March 2009

Risks:

- Delays in commencement of programme leading to failure to develop

Mitigation:

- Develop a local strategy, flexible enough to accommodate national programmes
- Agree NHS North East approach
- Agree a Framework for Procuring External Support for Commissioners (FESC) programme to buy in competencies where development not expected to prove value for money

Executive lead:

Richard Barker

Strategic themes

Commissioning

Interim next stage review (including equal access to primary care)

Context:

To deliver the GP Equitable Access Programme. Coordinate a regional approach to Darzi, Primary and Community Care Strategy and 50 per cent of practices offering extended hours.

Measures of success:

- Delivery of high quality innovative and affordable bids ready to progress to the implementation phase
- Effective contribution at national level to formation of the strategy
- Developing PCTs and through performance management to ensure that the Primary and Community Care Strategy is planned within the local context
- Ensure new primary care resources are connected to public health agenda

Milestones:

- PCTs to have placed adverts and agreed memorandum of information by May 2008
- PCTs to evaluate pre-qualifying questionnaire and select bidders by August 2008
- Contracts awarded by December 2008
- Procurement programme completed by March 2009

Risks:

- Patients will not transfer from existing practice to new practice
- No potential bidders come forward
- Project timetable too ambitious
- The perceived drive to contract with the private sector jeopardises traditional GP engagement

Mitigation:

- Regional and local bidder events
- Communication strategy
- Create regional procurement hub

Executive lead:

Richard Barker

Strategic themes

Commissioning

World class commissioning: primary care

Context:

The future vision of the NHS as reflected in *Our Health, Our Care, Our Say* and Lord Darzi's interim review will ensure services are commissioned that are personalised, fair and which deliver quality and safe outcomes for patients.

World class commissioning will facilitate implementation of this vision through a strategic approach to commissioning with focus on delivering health outcomes and reducing health inequalities. This will include formalised and robust approaches to contract monitoring and management through management of the local health system to ensure that patient services that represent value for money and are of the highest quality and standard of safety are commissioned.

Measures of success:

- Primary care organisations to implement robust contract monitoring and annual review arrangements for all primary medical services contracts
- Primary Medical Services (PMS) contracts reviewed during 2008/09

Milestones:

- Health Needs Assessment finalised and financial schedule prepared
- Map current contracts on an individual contract basis by main service specification, developmental service specification and enhanced services
- Negotiations with practices as part of annual review process linked with financial schedule
- Contract documentation standardised and all necessary national contract variations actioned
- Implementation of balanced scorecard for holistic approach to ongoing contract monitoring

Risks:

- PCT capability
- GP challenge
- Ineffective communications strategy

Mitigation:

- Involvement of primary care leaders
- Clearly defined and achievable objectives
- Development workshops

Executive lead:

Richard Barker

System management

“The NHS is not a collection of separate and autonomous units of varying degrees of independence, responding to the invisible hand of the market and incentives and reforms. It is, in fact, a healthcare system. The different parts, whether GPs or consultant nurses working in primary care or acute care, are all working for the benefit of patients, whose pathway of care often crosses the boundaries of professions and organisations. This system requires active management by both PCTs and SHAs as local system managers.”

David Nicholson, Operating Framework for the NHS in England 2008/09

Strategic themes

System management

Ensure effective system management by developing capacity and capability in both the SHA and PCTs

Context:

The NHS faces a significant challenge to manage its resources effectively and shape services that are fit for the future, with patient experience and choice a key measure. A commissioning-led system should make full use of commercial, legal and economic expertise in a transparent and fair system of contract management to encourage behaviour that is solution-focussed and engaged in delivering NHS business.

We will lead an awareness programme across the whole system which encourages behavioural change, manages conflict and disputes and ensures that system management promotes the delivery of AOP targets and objectives.

We will ensure that patient choice as a lever is fully exploited through mechanisms such as information and patient surveys, the development of choose and book and harnessing the contribution of practiced based commissioning (PBC)

Measures of success:

- Negligible and manageable number of cases referred to SHA for resolution
- No referrals to competition panel with all disputes resolved locally

- All foundation trusts agree timetable for adoption of national contract
- Achievement of milestones and evidence that patient choice is resulting in improved responsiveness from providers

Milestones:

- Chief executive workshops and commissioning/system management event by May 2008
- 90 per cent Choose and Book target met by 1 May 2008
- Patient awareness of choice rating to at least 75 per cent by December 2008

Risks:

- PCTs fail to manage fairly and transparently and contract awards subject to external challenge
- Services fail to respond positively to patient choice because of failures in market management

Mitigation:

- Effective system management awareness and development

Executive lead:

Richard Barker

System management

Ensuring that equality and diversity is embedded throughout the NHS in the north east

Context:

The NHS in the north east is legally required and publicly committed to promoting equality and diversity, in both service delivery and employment, in order to remove inequality and ensure there are no barriers to health and wellbeing. The SHA and local NHS have made significant progress in promoting equality and diversity over the past three years and have a positive national reputation for its work.

Measures of success:

- Equality and diversity issues are a significant agenda item at SHA board and NHS North East chief executive meetings
- All legal requirements fully met

Milestones:

- SHA board to publish a single equality scheme by September 2008
- Secure top 50 ranking for NESHA in the 2009 workplace equality index
- Introduction of integrated equality and diversity performance framework – spring 2009

Risks:

- A performance framework cannot be developed as local NHS organisations do not adopt a consistent approach to equality and diversity action planning

Mitigation:

- Continue to develop and promote a template single equality scheme through the NHS North East Equality and Diversity Network.

Executive lead:

Aidan Mullan

System management

Provider development

Context:

We want all organisations to be successful and to achieve this we should ensure that there is a transparent market that encourages provider development. In addition we should make sure that provider organisations have clear governance arrangements supported by sufficient management capacity and capability to be able to operate independently (or at least at arm's length) from commissioning organisations.

Measures of success:

- Successful foundation Trust (FT) licence achieved by Tees, Esk and Wear Valley NHS trust (TEWV) and Northumberland, Tyne and Wear NHS Trust (NTW)
- South Tees Hospital NHS Trust prepared to complete FT pipeline
- North East Ambulance Service (NEAS) in a position to embark on the FT development and assessment programme
- Community service providers operating at arm's length and services commissioned subject to the same scrutiny as acute or independent sector organisations
- Increased use of independent sector capacity leading to good patient satisfaction ratings, increased awareness of choice and reduction in access times
- Social enterprise ventures increased and delivering across the health and social care market

continued on following page...

System management

Provider development

Milestones:

- Tees Esk and Wear Valley NHS Trust FT Licence by 1 July 2008
- Northumberland Tyne and Wear NHS Trust FT applications committee by May 2008
- South Tees Hospitals NHS Trust review completed by October 2008
- North East Ambulance Service completion of diagnostic programme by September 2008
- Models for provider services agreed between SHA and PCTs by April 2008
- Arm's length/autonomous working by April 2009
- 75 per cent utilisation of Spire contract by September 2009
- PET CT services successfully implemented July 2008
- Influence social enterprise investment fund phase two applications by October 2008

Risks:

- Provider organisations not fit for purpose leading to weaker services and less choice for patients

Mitigation:

- Effective project and performance management and acknowledgement of need for behavioural change

Executive lead:

Richard Barker

System management

Resolution of disputes

Context:

It is important that any disputes between NHS organisations are resolved as quickly as possible.

Measures of success:

- All disputes are resolved in a timely manner

Milestones:

- Contracts signed prior to 31 March 2008
- Commissioner/provider reconciliations carried out at month six and month nine
- Provide technical advice around Payment by Results and other technical financial matters

Risks:

- NHS organisations do not have clear contracts in place
- Disputes are not brought to the attention of SHA
- Conciliation process is slow

Mitigation:

- Timetables are issued and reminders sent for major reconciliation dates
- Progress on signing of contracts is monitored

Executive lead:

David Stout

Strategic planning

Building on the SHA business plan for 2008/09 and focusing on the goals set out in the NHS North East vision, we will start to develop medium and longer term strategies. These strategies will support delivery of the system that will project us towards realisation of the NHS North East Vision and excellence for patients and the people of the north east.

Strategic themes

Strategic planning

To support implementation of the findings from Our NHS, Our Future review

Context:

Delivery of an ambitious SHA vision document and successful public launch and further development of the eight strands with the clinical leaders who developed them.

Measures of success:

- Widespread public, political and service adoption of the vision and the recommendations of the key strands and incorporation of the practical implementation plans within PCT autumn strategies.

Milestones:

- Vision document by 11 April 2008
- Public launch by 22 May 2008
- Widespread adoption of eight clinical strand outputs by June 2008
- PCT strategies agreed by January 2009

Risks:

- Failure to demonstrate ambition
- Challenges in ensuring clinical leadership or public/political engagement

Mitigation:

- Widespread discussion and consultation and local engagement via PCT strategies

Executive lead:

Richard Barker

Strategic planning

To ensure all reconfigurations are effectively controlled and managed

Context:

We want people living in the north east to have access to world class healthcare services. To achieve this there are some existing planned reconfigurations underway and we should be prepared to implement any new reconfiguration arising from the *Our NHS, Our Future* review.

Measures of success:

- Safety and effectiveness of services demonstrably improved evidenced through high public satisfaction

Milestones:

- A range of consultations successfully completed, for example *Momentum* and *Seizing the Future*
- Findings from *Our NHS, Our Future* reported by July 2008

Risks:

- Delays arising through planning or consultation process

Mitigation:

- Good clinical and public engagement to establish widespread support for planned change

Executive lead:

Richard Barker

Strategic planning

PCT strategic planning

Context:

Primary care trusts are required to develop strategic plans which set out their priorities and associated spend over the next three to five years. This will include financial and organisational development on an annual basis. Strategic plans should be aligned with local strategic partnerships development and delivery of local area agreements. It is important the content of these and any negotiated performance targets are both stretching and consistent and that they support the strategic direction of the SHA's vision and *Better Health, Fairer Health*.

Measures of success:

- Plans successfully address *Our NHS, Our Future* review (including localisation) and the outputs from the interim report i.e.
 - Fairness
 - Safety
 - Effectiveness
 - Personalised service
- There is consistency in the targets contained within health plans and local area agreements

Milestones:

- Meet national timetable of activities
- Local area agreements agreed and signed off by June 2008

Risks:

- Ensure plans continue to model risk scenarios, demonstrate efficiency and offer value for money
- Ensure plans are consistent with partner organisations

Mitigation:

- Establish effective relationships and communication between Public Health North East and the SHA to ensure a consistent approach with PCTs and local strategic partnerships

Executive lead:

Richard Barker

Strategic planning

Plans to support *Better Health, Fairer Health* strategy

Context:

The first regional health and wellbeing strategy was published in February 2008, setting out ambitious plans to transform the health of north east people within a generation. PCT commissioners and their local authority colleagues are central to achieving this.

Measures of success:

- *Better Health, Fairer Health* priorities contained within each annual operating plan
- Funding allocated to health improvement activities
- Engagement by very senior PCT representatives at regional advisory groups

Milestones:

- PCTs will make explicit reference to the strategy and its strategic priorities in their annual operating plans 2008/09
- Funding is identified to support key strands of the strategy
- Very senior PCT representation on appropriate regional advisory groups established by December 2008

- Continuation of funding for FRESH
- New funding identified to establish a regional office for the safe consumption of alcohol
- Agree pathway for childhood obesity and establish action plan for implementation

Risks:

- PCTs will not use *Better Health, Fairer Health* to prioritise their spending plans
- Partner organisations will not feel properly engaged in delivering the strategy

Mitigation:

- Feedback on the content of first draft AOPs followed
- Discussions with chief executive officers setting out the rationale and evidence base relating to the strategy
- Continued cross-organisational dialogue to build best possible multi-partner regional advisory groups

Executive lead:

Stephen Singleton

Strategic themes

Strategic planning

To demonstrate effective resilience and emergency planning

Context:

Under the Civil Contingency Act 2004 the SHA has a responsibility to develop and implement an SHA emergency response plan and work with all north east organisations and critical partnerships e.g. local authorities and police, to develop a full integrated resilience plan.

Measures of success:

- The existence of robust plans, policies, procedures and personnel mobilisation systems to match international best practice
- To have run a simulation process with positive evaluation score that provides a stimulus for further learning and development

Milestones:

- Secondment agreement for lead manager by April 2009
- Internal business continuity plan agreed by June 2008
- Integrated resilience plan complete by September 2008
- Flu pandemic plan complete by December 2009

Risks:

- Major incident of wide geographical spread and long duration that leads to unnecessary harm and service/system disruption

Mitigation:

- High priority for boards and chief executives to ensure effective partnership plans are in place

Executive lead:

Richard Barker

Strategic planning

Oral health strategy

Context:

Oral health and the role it plays in delivery of the public health agenda and reducing health inequalities will be delivered in the context of the PCT strategic plans.

Measures of success:

- NHS North East common approach agreed
- Evaluation group with resource

Milestones:

- Commencement of oral health strategy/refresh of existing strategy
- Evidence base review

Risks:

- Consultation process
- Public concern groups and freedom of information requests
- Judicial review

Mitigation:

- Carefully monitor national picture
- Ensure all follow commitment to common purpose
- Proactive stakeholder engagement programme and reflective evaluation group

Executive lead:

Stephen Singleton

Strategic themes

Strategic planning

Developing capacity in social care

Context:

A review of the regional public health teams by the Department of Health has identified a gap in the capacity of the team in relation to social care. As a result, funding is to be made available to establish a social care team within Public Health North East to ensure that its future responsibilities in relation to social care can be met.

Measures of success:

- Social care function established within Public Health North East

Milestones:

- Appointment of a deputy director of social care
- Establish a small support team

Risks:

- Unable to recruit a deputy director

Mitigation:

- Commission the support via the Care Services Improvement Partnership as an interim measure

Executive lead:

Stephen Singleton

Strategic planning

Business cases for capital development

Context:

It is important that all business cases for capital developments above PCT/NHS trust delegated limits are appropriately assessed prior to submitting to the SHA board for approval.

Measures of success:

- Capital schemes approved in support of the NHS North East Vision

Milestones:

- Work with PCTs and NHS trusts to ensure that appropriate funding is available for required capital schemes – March/April 2008
- Work with PCTs/NHS trusts/DH to assess those schemes submitted to SHA for approval

Risks:

- Business cases are not fit for purpose
- Business cases do not support our vision

Mitigation:

- Clear guidance given when cases are being prepared
- Appropriately experienced staff review cases

Executive lead:

David Stout

Strategic themes

Strategic planning

High level financial strategy

Context:

There is a need for a three-year high level financial strategy for the NHS North East which underpins the delivery of the vision whilst maintaining financial stability.

Measures of success:

- Financial strategy reported to the SHA board and plans consistent with this strategy

Milestones:

- To have finalised this strategy by May 2008
- To ensure that the AOPs prepared by PCTs for 2009/10 and 2010/11 are consistent with this strategy by October 2008 and by March 2009

Risks:

- Strategy cannot be resourced from 2009/11 funding
- AOPs are not consistent with strategy

Mitigation:

- A range of assumptions are factored into the strategy
- AOPs are requested at an early date and a thorough review takes place prior to approval
- A planned review takes place

Executive lead:

David Stout

Leadership

We will ensure that leadership and talent management programmes secure the leadership capability of NHS North East. It should deliver system leadership as well as individual and organisational leadership, centred on the needs of people and patients.

Strategic themes

Leadership

To develop and maintain a systematic talent management programme across NHS North East

Context:

We are committed to ensuring that we have the best people managing the delivery of healthcare in this region by making sure that we have excellent competitive candidate fields and that senior posts are made more accessible to clinical staff.

Measures of success:

- Every senior post has at least three good candidates, one of whom is a clinician
- Training in NHS North East is highly valued by all NHS organisations
- Succession planning is a success at every level

Milestones:

- Appoint a strategic head of talent management by April 2008
- Agree a region-wide talent management programme by August 2008

Risks:

- Programme not utilised by NHS organisations resulting in poor succession planning

Mitigation:

- Make programmes so valuable so as to be mandatory at all levels across NHS North East

Executive lead:

Stephen Singleton

Strategic themes

Leadership

To develop medical leadership to maximise impact and delivery of the North East Vision

Context:

To provide professional leadership to the medical leadership community in the North East.

Measures of success:

- Through the deanery maintain a well attended network of medical directors and other medical leaders
- Participate in a coherent medical leadership development programme

Milestones:

- Establish regular monthly meetings

Risks:

- Lack of engagement by some medical directors/leaders
- No added value from network or development programmes

Mitigation:

- Meetings are well planned relevant and outcome focussed
- Focus of development work is on solving problems

Executive lead:

Stephen Singleton

Strategic themes

Leadership

To develop nursing and allied health professional (AHP) leadership to maximise the preferred contribution to delivery of the NHS North East Vision

Context:

We should ensure effective performance and leadership for nurses and allied health professionals. The SHA has a role in co-ordinating networks of professional leaders, supporting the strategic direction of work priorities and providing a collective voice in the production of regional and national nursing and allied health professionals (AHP) policy.

Measures of success:

- AHP forum established with active participation of relevant lead professionals
- Active participation in the existing nursing forums for nurse directors and associate nurse directors
- Collective leadership of key professional issues and contribution to wider corporate developments

Milestones:

- AHP directors' forum established by June 2008
- Regular attendance by all directors and associate directors to nursing forums
- Identify and deliver clinical priority work streams within the patient safety and nursing/AHP development agendas
- Clear contribution of professionals to commissioning process

Risks:

- Poor levels of participation and lack of momentum on key issues

Mitigation:

- Full commitment of SHA director of nursing and patient safety and support from SHA nursing and AHP programme manager secondees to facilitate the process.

Executive lead:

Aidan Mullan

Leadership

Financial leadership

Context:

To provide financial leadership to finance directors of NHS organisations in the north east and to work with individual organisations to develop the financial skills of finance and other staff.

Measures of success:

- A well attended network of finance directors
- Programme to improve financial skills developed and implemented

Milestones:

- Monthly meetings of finance directors
- Regular meetings of Finance Skills Development (FSD) Group
- Preparation of finance skills development strategy

Risks:

- Finance directors do not look to SHA for leadership
- FSD group does not plan or deliver an improvement programme

Mitigation:

- Business discussions are relevant and focussed
- FSD group is owned by finance directors and reports back to them
- Strategy is well publicised and regularly reviewed for relevance

Executive lead:

David Stout

Improvement

The North East Transformation System (NETS) will move into foundation and initial implementation phases in 2008/09 for both the SHA and our six pathfinder organisations. NETS will be a key tool for supporting other strategic themes, such as SHA management, and will become fully integrated into the patient safety agenda in 2008/09.

Improvement

To establish the North East Transformation System as the principle improvement methodology across NHS North East

Context:

The North East Transformation System (NETS) is the main vehicle by which NHS North East will improve healthcare services to achieve its aim 'to be the leader in excellence in health and healthcare' and to deliver safe and effective services for the public of the north east. NETS has three key components:

- A vision that sets the context for change and aligns people to a common purpose
- A compact which provides a common understanding on the purpose and expectations of the staff and the organisation
- A management method which drives quality, patient safety and operational excellence by removing waste from organisational processes

Measures of success:

- Vision development work being carried out in all organisations representing alignment of pathfinder organisations with the overall vision for NHS North East
- Organisational compacts that align staff to the vision of the organisation and facilitates a culture of continuous improvement
- Trained staff in the management method to take forward improvement work
- Effective communications, both internally for staff within pathfinder organisations and externally to non-pathfinders in the north east and in the wider NHS

continued on following page...

Strategic themes

Improvement

To establish the North East Transformation System as the principle improvement methodology across NHS North East

Milestones:

- Compacts being embedded within pathfinder organisations
- 50 certified leaders in the VMPS management method by August 2008
- The completion of approx 50 rapid process improvement workshops by August 2008
- An accredited programme to train staff in the improvement method by September 2008
- Implementation of internal and external communication strategies by July 2008

Risks:

- Insufficient capacity in terms of the skills and expertise to deploy the management method
- Lack of 'buy-in' into the long term philosophy of NETS by senior leaders within pathfinder organisations

Mitigation:

- Continued collaboration with Virginia Mason Medical Centre
- Developing links with organisations and potential training partners
- Chief executive and board commitment from pathfinder organisations

Executive lead:

Stephen Singleton

Strategic themes

Improvement

To work with NHS organisations to lead and facilitate implementations of the key work streams set out in the patient safety strategic framework

Context:

Implementation of the Patient Safety Strategic Framework, as a vehicle for region-wide action on local patient safety priorities and national safety policy.

Measures of success:

- Progress in implementation of the agreed work streams
- Active engagement of chief executives, trust safety leads and clinicians
- Use of a dashboard of safety indicators, agreed as part of the strategic framework

Milestones:

- Implementation of work streams related to clinical safety priorities and enablers
- Creation of a regional patient safety action team to support north east trusts in implementing patient safety improvements by April 2008
- Development of active network of clinical, academic and service user associates of patient safety action team by June 2008
- Regular review of agreed safety indicators to underpin developmental processes quarterly from June 2008

Risks:

- Limited engagement of health and educational organisations
- Lack of agreement on common tool and priorities for benchmarking process

Mitigation:

- Work with chief executives and lead directors via Patient Safety Strategic Forum and facilitation by patient safety action team
- Use Strategic Patient Safety Framework as vehicle to agree indicators

Executive lead:

Aidan Mullan

Strategic themes

Improvement

To maintain and develop robust clinical governance systems and processes

Context:

Clear systems and processes for managing serious untoward incidents, mental health inquiries, and other clinical governance issues are required within the SHA and across the health system.

Measures of success:

- Robust systems and processes for management of safety and governance issues
- Patient safety focus within the commissioning process and in local contract specifications
- Comprehensive and timely reporting of serious untoward incidents by all trusts
- Concrete examples of lessons learned arising from safety and governance systems

Milestones:

- Development of quarterly performance reports for SHA management team in relation to core clinical governance systems by April 2008
- Develop a minimum set of key safety indicators, agreed with engaged commissioning PCTs by May 2008

- Review and refine the professional regulation systems in line with national developments by December 2008
- Develop SHA role to support learning from service user complaints with the national agenda by October 2008

Risks:

- Complexity and volume of material in the core safety and governance systems
- Engagement of commissioning PCTs
- Lack of agreement to key patient safety elements to be included within contracts

Mitigation:

- Monitoring of performance and active review of policies and procedures as required
- Facilitation by patient safety action team

Executive lead:

Aidan Mullan

Strategic themes

Improvement

To lead development of a programme of improvement related to healthcare associated infection and other key quality of care and patient experience issues

Context:

Ensuring high standards in the prevention of healthcare associated infections (HCAs) and to maintain safe and high quality patient experience are priorities for our organisation. These issues are central to public confidence in NHS services and we will strive to embed best practice through effective leadership.

Measures of success:

- Performance against trust and PCT HCAI rate trajectories across 2008/11
- Clinical audit information on key infection prevention/control policies available
- Graduation of avoidable infections
- Regular and broad uptake of learning opportunities and experience sharing across the region
- Use of a common set of quality/patient safety indicators

Milestones:

- Monthly evaluation and tracking of region wide HCAI trajectories with escalate as appropriate
- Recognition of avoidable and non avoidable bacteraemia and evidence of a consistent and targeted approach region wide by June 2008

- Involvement of patients and public in the quality and patient safety agenda by October 2008
- Implement productive ward series by April 2009

Risks:

- Trust HCAI performance does not meet targets
- No active engagement by trusts in region
- Failure to engage with patients/carers and public

Mitigation:

- Focus on avoidable causes of infection and targeting of action
- Escalation of performance issues as required via commissioners
- Active support for quality and patient safety developments from the SHA team
- Development of patient, carer and public involvement plan

Executive lead:

Aidan Mullan

Performance

We will ensure that local health systems operate effectively in the delivery of safe and high quality healthcare services to meet the needs of their patients. We will provide assurances on the performance of NHS North East healthcare services through a 'single conversation' with the Department of Health.

Strategic themes

Performance

Ensure that the NHS in the north east achieves and/or exceeds required performance standards in national requirements, national priorities and local action

Context:

The NHS in the north east has a strong track record in achieving the national performance standards, although in some areas such as healthcare associated infections performance is below expectations. The new range of national and local 'vital signs' to be achieved by 2011 introduce a greater level of aspiration and more local determination, which will require increased local accountability and focus.

Measures of success:

- All national targets (tier one) and national priorities (tier two) targets are delivered or exceeded
- Local commissioners achieve trajectory levels for all local priorities (tier three) selected by PCTs

Milestones:

- 18 week target achieved by December 2008
- Healthcare associated infections (HCAI) ahead of trajectory month on month from quarter one 2008 onwards
- Vital signs by March 2009

Risks:

- The absolute or relative performance of the NHS in the north east worsens
- The lack of baseline data for potential tier three indicators leads to some high risk performance areas not being identified for focus during 2008/09
- Local authorities and PCTs select differing local health priorities and/or targets in local area agreements (LAA) and annual operational plans (AOPs)

Mitigation:

- Continue to actively performance manage commissioners on key risk areas
- Develop and maintain close working relationships with Government Office colleagues to negotiate shared performance targets for PCTs and local authorities.

Executive lead:

Richard Barker

Strategic themes

Performance

Develop an effective productivity benchmarking programme

Context:

The productivity of services and organisations across the north east is known to vary significantly. As commissioners seek to improve the quality, safety and value of the services they commission for patients, it is recognised that benchmarking provides the opportunity to assess the scope for potential improvements and facilitate the development of improvement programmes to support PCT strategies.

Measures of success:

- Proposal developed for a productivity benchmarking programme, which will provide a baseline assessment of regional productivity and support PCTs to determine their strategies for focussed improvement
- PCT chief executive support secured for the above proposal and its implementation

Milestones:

- Productivity benchmarking plan agreed by July 2008
- Milestones for outputs agreed as part of the plan

Risks:

- PCTs may not wish to work together on a single programme to improve productivity
- SHA may not have the capacity and capability to manage and deliver a programme to the required standard

Mitigation:

- Develop the programme proposal in partnership with PCTs
- Scope the skills and resources required to undertake the programme in sufficient time to secure additional support if required

Executive lead:

Richard Barker

Strategic themes

Performance

Ensure excellence in performance reporting both for SHA board and other key stakeholders

Context:

As Vital Signs are introduced, commissioners' performance management arrangements mature and SHAs take an increasing role in system management; there is a need to review performance reporting arrangements are excellent and fit for purpose.

Measures of success:

- New performance reporting framework in place that is structured around key performance priorities
- Good response from board members and chief executives' group

Milestones:

- Revised report layout by May 2008

Risks:

- The introduction of a new layout may not support the board or other stakeholders to identify and manage key performance risks

Mitigation:

- Draft framework to be road tested prior to implementation

Executive lead:

Richard Barker

Strategic themes

Performance

Delivering the financial 'control total'

Context:

NHS North East has been given a financial control total for 2008/09. This control total is £132m surplus and success for the SHA is to deliver a surplus no greater than this and no lower than £112m.

Measures of success:

- The audited annual accounts of the SHA/PCTs/NHS trusts show a total financial position within a range deemed acceptable to the DH

Milestones:

- Agree individual control totals with each PCT/NHS trust by March 2008
- Provide for a north east wide contingency by March 2008
- PCTs to draw up contingency plans to cope with underspend
- Commission an external review of PCT plans to provide assurance that plans should deliver success by May 2008
- Performance manage organisations at monthly intervals throughout the year

Risks:

- PCTs/NHS trusts/SHA do not deliver their control totals
- Contingency is not adequate

Mitigation:

- PCTs to draw up contingency plans to cope with any underspend
- Commission an external review of PCT plans to provide assurance that plans on track to deliver success by May 2008
- Take action where performance not met

Executive lead:

David Stout

Performance

Improve NHS organisations' use of resources

Context:

All NHS organisations are expected to improve their use of resources as assessed by the Healthcare Commission.

Measures of success:

- To demonstrate continuous improvement by the SHA/PCTs/NHS trusts

Milestones:

- Review the auditors local evaluation (ALE) scores for 2007/08
- Plan the level of improvement required in 2008/09
- Performance manage/support the delivery of improvement

Risks:

- ALE scores do not improve
- Organisations do not prioritise improvement

Mitigation:

- Sharing of good practice encouraged
- Scores discussed by finance director/chief executive meetings
- Tailored support given where necessary

Executive lead:

David Stout

Strategic themes

Performance

Ensuring that PCTs/NHS trusts assurance frameworks are appropriate

Context:

The DH requires SHAs to scrutinise the assurance frameworks of PCTs and NHS trusts to assure the DH that they have been completed appropriately and that they are consistent with the statements on internal control signed by the chief executives of those organisations.

Measures of success:

- Assurances given to Department of Health

Milestones:

- Annually review the assurance frameworks of PCTs/NHS trusts in line with DH deadline

Risks:

- PCTs/NHS trusts assurance frameworks are not complete/adequate
- PCTs/NHS trusts assurance frameworks are inconsistent with their statement on internal control

Mitigation:

- Chief executives are made aware of their personal responsibility to ensure assurance framework is an adequate basis for the SIC
- Disseminate good practice across region

Executive lead:

David Stout

Reputation

Improve, develop and sustain effective relationships with key partners and stakeholders including the Department of Health, NHS North East organisations and corporate regional bodies so that the SHA can effectively execute its role and build on its reputation.

Strategic themes

Reputation

Excellent reputational management

Context:

NHS North East is the largest employer in the region and our staff is central in enabling us to deliver our business effectively through maintaining and promoting our reputation to patients, the public and key stakeholders.

Measures of success:

- Behaviours altered through implementation of corporate standards
- Effective partnerships are developed across the north east with MPs, public, private, third sector and other key stakeholders

Milestones:

- Develop an engagement programme to include key stakeholders
- Use appropriate available information to monitor the effectiveness of NHS organisations
- Introduce corporate standards as a framework for further developing behaviours that support effective reputation management

Risks:

- Relationships with key stakeholders are not good enough to deliver our business effectively
- Events damage reputations

Mitigation:

- Plans are in place to act quickly to mitigate any adverse impact upon the reputation of NHS organisations
- The capacity and capability of local communications teams is world class
- The communications function thinks proactively

Executive lead:

David Stout

Strategic themes

Reputation

Developing partnerships

Context:

At the present time, the SHA has a memorandum of understanding agreed with Government Office North East (GONE) and the Department of Health in relation to the work delivered by Public Health North East (PHNE) which is an integrated DH/SHA team. It is important to continue this relationship and to build on it through the establishment of a compact setting out not only what will be achieved under the memorandum of understanding, but also how it will be delivered.

Measures of success:

- Compact developed between the GONE, PHNE, Care Services Improvement Partnership (CSIP) and the SHA

Milestones:

- Memorandum of understanding to be signed off by May 2008
- Compact developed by October 2008

Risks:

- There is a lack of engagement by the partners

Mitigation:

- Need to highlight the value and purpose of the compact

Executive lead:

Stephen Singleton

Strategic themes

Reputation

Contribute to and influence national policy

Context:

The North East SHA will contribute to NHS policy formulation and evaluation at national level to influence change in healthcare delivery to benefit our region.

Measures of success:

- All of the key national meetings are appropriately attended by the North East SHA

Milestones:

- Ensure attendance at national meetings for example finance, communications, performance, commissioning
- Support national working groups

Risks:

- Director or nominated deputy unable to attend meetings
- Insufficient capacity to contribute to national working groups

Mitigation:

- Attendance given priority over all but board meetings
- Adequately resourced teams

Executive lead:

All

Strategic themes

Reputation

Sustaining relationships with the third sector

Context:

The SHA has established itself as a supportive and key partner amongst the third sector through its role in successfully leading the Big Lottery Fund wellbeing submission. As a result more than 30 projects, the majority of which are third sector managed, are now funded through the SHA for the next three years. It is important to build upon, and develop, this important and positive relationship, using the opportunity to develop the role of the third sector in improving the health and wellbeing of those living in the north east.

Measures of success:

- Third sector representation on each *Better Health, Fairer Health* regional advisory group
- Number of joint SHA/third sector projects demonstrating added value and additional funding being brought into the north east
- Transparent and inclusive commissioning structures established in partnership with the third sector

Milestones:

- All Big Lottery Fund milestones are met
- Establish a regional third sector health and social care forum by September 2008
- Contribute to Social Enterprise Investment Fund phase two assessment October 2008

Risks:

- Lack of engagement
- Lack of opportunities

Mitigation:

- Forum for third sector engagement meets regularly

Executive lead:

Stephen Singleton

SHA management

This forms one of the cornerstones to our vision and is fully aligned with the North East Transformation System. In 2008/09 we aim to strengthen the management method in the SHA; only by improving how we do our business internally can we become truly effective in our external business.

SHA management

SHA business plan

Context:

To ensure that the SHA delivers and publishes an effective annual business plan that is consistent with the SHA assurance framework and risk register in providing assurance to the SHA board.

Measures of success:

- Delivery of effective operational plan used for objective setting, formal appraisals and personal development planning
- Chairman and board able to monitor the effectiveness of the executive team

Milestones:

- 2008/09 plan completed by May 2008
- Annual planning cycle established by May 2008
- 2009/10 plan completed by March 2009
- Monthly discussions at risk management group to monitor progress
- Bi-monthly report to SHA board of performance against business plan objectives

Risks:

- Business plan not aligned with assurance framework
- Objectives not met

Mitigation:

- Review of corporate plans prior to implementation
- Regular feedback to SHA board to monitor our performance

Executive lead:

Richard Barker

Strategic themes

SHA management

SHA operational management

Context:

We have an ambitious work programme to deliver in 2008/09 and our internal management arrangements need to be fully effective to ensure we achieve our business objectives.

Measures of success:

- Improved overall staff satisfaction
- Effective internal business operations leading to appropriate assurances for SHA board and management team in relation to facilities management, human resources and business continuity

Milestones:

- Outsourced HR contract to the North East Ambulance Service by April 2008
- Appraisal system implemented March 2008
- Personal development plans related to business objectives agreed by May 2009
- Mid-year review of progress against business plan by October 2009

Risks:

- Failure to deliver on key objectives through limited internal capacity and resilience

Mitigation:

- Appraisal process to ensure that capacity and capability of SHA workforce aligned with business objectives
- Assurance framework aligned to business plan
- Staff forum and communication groups to ensure there is meaningful communication between management team and SHA workforce

Executive lead:

Richard Barker

Strategic themes

SHA management

Staff engagement

Context:

Continue to develop internal communications and engagement with staff within the SHA.

Measures of success:

- Satisfactory feedback from annual staff survey,
- Bi-monthly communication groups and individual staff appraisals

Milestones:

- Monthly staff meetings
- Weekly newsletter
- Regular meetings of staff forum
- Regular team/one-to-one meetings

Risks:

- Staff do not feel valued
- Staff are not kept informed
- Staff do not engage

Mitigation:

- Annual review of internal communications
- Implement learning from staff survey or individual feedback
- Maintain internal communications as a key focus area

Executive lead:

David Stout

Strategic themes

SHA management

Maintain a high level of corporate governance

Context:

Effective corporate governance is a fundamental cornerstone supporting our success. The SHA board will maintain the highest level of corporate governance to ensure it is accountable and fully equipped to discharge its responsibilities.

Measures of success:

- Assurance framework for 2008/09 developed and agreed in May 2008
- All necessary positive assurances to be provided to SHA board during 2008/09
- To further develop and embed the risk management process.
- Regular meetings of audit committee
- Unqualified annual accounts demonstrating financial balance/surplus
- Maintain sound systems of control and continually review and improve these

Milestones:

- Agree SHA assurance framework by May 2008
- Agree programme of board development by June 2008
- Annual accounts submitted by June 2008

Risks:

- Positive assurances not provided
- Risk management process falters
- Audit committee does not meet/function
- Accounts are qualified
- Systems of control are not adequate

Mitigation:

- A process and timetable for delivering assurance is agreed and publicised
- The audit committee has a calendar and work plan
- Final account processes are scanned and documented
- Internal and external audit review internal control systems
- Risk management group is developed

Executive lead:

David Stout

Business enablers

Workforce development

73,000 people across the north east work for the NHS. People are our most important resource in delivering an ambitious healthcare improvement programme and we need to make sure we plan to develop the skills of our existing workforce, recruit and retain the highest calibre of employee and build skills for the future.

Workforce development

Improving workforce availability through building effective workforce planning capacity and capability

Context:

73,000 people across the north east are employed in healthcare and it accounts for 70 per cent of the investment of NHS monies. Just fewer than 50 per cent of the local NHS staff work in bands one-four. In ten years time 70 per cent of current employees will still be working in health and as services change and adapt to meet the needs of local people, we will need new skills to deliver the highest quality of care. In the north east labour migration is limited resulting in a competitive labour market for existing talent. Our ageing workforce needs us to think more broadly as to how we retain existing talent and how we actively attract young people into healthcare employment. The *Our NHS, our future* review will give us a longer term strategy for services across the north east and from this we have an opportunity to build more effective education commissioning based on the supporting workforce development plan for the north east.

Measures of success:

- Directors of commissioning are engaged with their HR colleagues in forward planning of education and training needs: May 2008

- Increased capacity and capability for workforce planning: March 2009
- Improved intelligence for commissioning of education and training of the workforce: January 2009
- Successful implementation of year one of the widening participation strategy for bands one-four workforce: March 2009

Milestones:

- Workforce development plan complete: June 2008
- Workforce planning training targets met
- Data accuracy improved on electronic staff record (ESR): September 2008
- Improved workforce metrics
- Effective and appropriate workforce plans submitted by all employers: August 2008
- A strategic group is set up to focus on service design and future education and training needs of staff: May 2008
- Commissioners scrutinised and agree all workforce plans and agreed their alignment with local strategic planning: January 2009

continued on following page...

Business enablers

Workforce development

Improving workforce availability through building effective workforce planning capacity and capability

Risks:

- Engagement in work force planning is inadequate
- Development of workforce capability is too slow to ensure we have the capability
- Engagement in identifying workforce development needs to deliver the new services is inadequate
- Foundation trusts do not engage and world class commissioning is not of a high enough quality to drive change through commissioning work force planning and alignment to emerging education and training plans is inadequate
- Lack of knowledge/input of other providers increases risk to all providers across the north east

Mitigation:

- The SHA investment of MPET funding in Workforce planning and the implementation of the NE workforce development plan for planners will reduce the risk of inadequate capacity and capability in the system.
- Engagement can be enhanced through world class commissioning and ensuring commissioning organisations are sighted on workforce plans from all service delivery organisations
- Engaging all providers in the workforce development through our stakeholder events and committee structures.

Executive lead:

Aidan Mullan

Workforce development

Effective commissioning of education and training

Context:

The SHA is responsible for effective investment of the Multi Professional Education and Training (MPET) Levy which places upon the SHA a responsibility to ensure effective commissioning of education and training from HEI. In a rapidly changing NHS we have reviewed our needs and acknowledge that we should make extra investment in the non-registered workforce and wider non-clinical workforce to underpin future success. This year we have also identified commissioning skills as a priority area for development.

Measures of success:

- By 2009 PCTs will report improved capacity and capability for world class commissioning
- By 2009 localities will report improved competence and confidence in practice based commissioning (PBC) and increased funding to PBC from PCTs
- Improved quality of AOP by 2009
- Shift from 'contracting' to 'commissioning' education and training with intention to encourage competition as a key lever to quality improvement from January 2010

Milestones:

- Identify investment funds for world class commissioning by April 2008
- Approve investment plans from primary care organisations for their development of world class commissioning competence and PBC by summer 2008
- Identify training needs of SHA workforce team and implement training for world class education and training commissioning by April 2008
- Locality workforce strategy cluster meetings will be in place by May 2008
- Quality assurance meetings with HEI will drive changes in curricula to ensure fit-for-purpose workforce by summer 2008
- Trusts will report improvements in new graduate workforce being fit for purpose by autumn 2010
- Implementation of NHS Education North East consultation outcome

continued on following page...

Workforce development

Effective commissioning of education and training

Risks:

- Competences needed are not defined in a timely way
- Training is not adequate
- Investment is not used to ensure success
- HEIs resist the change from contract to commission

Mitigation:

- Follow national guidance
- To implement appropriate reporting mechanisms and to share best practice across PCTs
- Partnership working to be enhanced with HEIs, with north east wide and locality engagement
- Development of NHS Education North East will ensure an employer lead and integrated approach to future education commissioning based on service need

Executive lead:

Aidan Mullan

Business enablers

Workforce development

To support the public health strategy through workforce planning and development

Context:

Better Health, Fairer Health strategy workforce implications need to be fully understood to support implementation. In addition the SHA has agreed to take responsibility for delivering key outputs in the memorandum of understanding agreed between GONE, NHS North East, CSIP and the DH. The outputs include that the SHA will lead the regional health and well-being strategy and develop a public health workforce strategy.

Measures of success:

- To have produced a workforce development plan to deliver our north east health strategy: March 2009
- To have completed a review of occupational health services
- To reduce the cost of work absence through improved attendance management: March 2009
- To have developed 'back to work' schemes for health employees

Milestones:

- To improve attendance management recording September 2008

- To develop a reporting mechanism for PCTs and the SHAs of sickness absence metrics for all service delivery organisations: May 2008
- To share best practice of attendance management through the HR directors' network
- To expand pilot on health and well being prescriptions: September 2008

Risks:

- Improved use of ESR will temporarily, and possibly artificially, raise the sickness absence
- Lack of engagement and collaboration between occupational health and primary care may limit success

Mitigation:

- We need to recognise the risks and support accurate data collection, helping organisations achieve their targets once baseline is confidently known
- Involvement at project board of key partners and champions to enhance engagement
- Use evidence from pilots and best practice from successful practice to encourage engagement

Executive lead:

Aidan Mullan

National Programme for IT

Supports delivery of our vision by ensuring staff and clinicians have ready and secure access to the right information in the right place at the right time. We will continue to progress the programme to deliver the strategic objectives set out by the local and regional programme boards.

National Programme for IT

National Programme for IT (NPfIT)

Context:

The National Programme for IT was conceived in 2003 following the award of nationally negotiated contracts with IT service suppliers. These contracts contain a schedule of when systems will be implemented locally. The SHA team continues to ensure that rollout of national systems across NHS North East is a key activity within local health communities (LHCs). Each LHC has produced an information management and technology plan (IMT) agreed by the SHA with clear milestones that challenge local systems to speed up delivering the benefits of both existing IT systems and new NPfIT systems. Successful implementation of this programme is central to providing safer, faster and more efficient healthcare for patients.

Measures of success

- Agreed 2008/09 SHA NPfIT strategic objectives for north east information management and technology delivered.
- Expectations set by North East and Midlands contract (NME) and national programme executives for 08/09 met.
- Patients and staff satisfied that all possible is being done to protect their personal information

- LHCs will be performance managed against their IMT plans; each plan also contains a gap analysis of how SHA NPfIT objectives will be achieved

Milestones:

- Patients' description of their problem will be available to clinicians throughout a treatment episode by March 2009
- Clinicians will have access to key patient information in critical situations by December 2008
- Clinicians will have access to basic prescribing decision support for all prescribing decisions by December 2009
- Primary care clinicians will have access to pre-calculated risk scores for the most prevalent diseases for all adult patients by December 2008

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National Programme for IT

National Programme for IT (NPfIT)

Risks:

- LHC plans not robust, no targets or milestone dates set
- LHCs do not deliver systems as per plans
- Stakeholders do not feel fully engaged in the programme

Mitigation:

- SHA NPfIT team will only sign off LHC plans once key milestones and dates are available. The SHA will continue to work with LHCs to ensure that all appropriate action is taken to deliver to set timescales and agreed plans.
- SHA NPfIT team has specialist roles in place to lead on four key areas; stakeholder engagement, communications, requirements and design build test.

Executive lead:

Aidan Mullan

Knowledge management

We will lead the development, management and sharing of knowledge within NHS and partner organisations to maximise its use in supporting the improvement of patient care, developing strategies that harness the wealth of research evidence, experience and data for the benefit of healthcare services in this region.

Knowledge management

To develop, manage and share knowledge to maximise service improvement

Context:

Knowledge management (KM) is required to ensure that strategic, operational and clinical planning is based on a combination of specialist knowledge, sound evidence, information and data. Effective KM strategies maximise the use of these resources and ensure that new knowledge is generated and transferred within a receptive learning culture, for the benefit of the whole north east health system. Nationally, the National Library for Health and NHS Choices agendas steer the development of KM for the NHS.

Measures of success:

- NHS North East organisations to have plans in place for the development of knowledge management resources and practices to support service improvement

Milestones:

- To introduce the development KM strategies to support clinical change and quality development by December 2008

- To support NHS North East organisations in the development of KM strategies and the chief knowledge officer (CKO) role by December 2009
- To request organisations have strategies in place for the development of KM resources and services by December 2009
- To influence and shape national KM initiatives – National Library for Health, NHS Choices, the development of the chief knowledge officer role.

Risks:

- Stakeholders not fully engaged in the programme
- Organisations do not analyse their systems to develop KM plans
- Organisations do not develop robust KM plans on time

Mitigation:

- The SHA will work with organisations to ensure that all stakeholders are engaged with the process and to deliver effective KM plans to agreed timescales

Executive lead:

Stephen Singleton

Communications

Building capacity and capability within north east communications systems is essential to support the vision for delivery of healthcare services. In addition we will strategically co-ordinate how we engage with stakeholders using emerging engagement, marketing and communication techniques in parallel with developing our social marketing approach. The aim is to consistently influence sustained long-term behavioural change and ensure communication is planned and designed to deliver a world class service.

Business enablers

Communications

Communications strategy

Context:

Develop a communications strategy which proactively and reactively manages communications and marketing activities for the key priorities across the north east

Measures of success:

- Effectively support the *Our NHS, our future* review to deliver a public and employee engagement strategy and deliver programme to support the region's health strategy *Better Health, Fairer Health*

Milestones:

- Strategy completed by July 2008
- To ensure primary care organisations have communications strategies in line with world class commissioning

Risks:

- Chief executives do not recognise importance of communications and marketing strategy
- Strategies not resourced and/or fit for purpose

Mitigation:

- Training programme to develop capacity and capability
- Influence PCTs to prioritise and resource strategy development

Executive lead:

David Stout

Communications

Communications leadership

Context:

To provide professional leadership to the communications function across the north east.

Measures of success:

- Provide leadership which is acceptable to DH/SHA board.

Milestones:

- Communications network meetings every six weeks
- Inform DH/NHS Organisations of issues/problems on a weekly basis
- Provide an environment which encourages sharing and learning
- Supporting organisations proactively and reactively where appropriate

Risks:

- Network not well attended
- Standards are not raised

Mitigation:

- The business discussed is relevant to network
- Training and development of communications staff is a priority
- Chief executives made aware of the importance of the communications function

Executive lead:

David Stout

Business enablers

Communications

Build communications capacity and capability

Context:

There is a need to build communications capability and capacity across the region.

Measures of success:

- Effective communications capacity and capability

Milestones:

- Implement a supportive training framework. First phase by November 2008
- Agree with PCTs an effective communication structure and make appropriate changes

Risks:

- Do not meet baseline for world class commissioning
- Teams not receptive to training and development
- Network meetings not well attended

Mitigation:

- Chief executives made aware of the importance of this agenda
- Regular checks to monitor capacity and capability
- Statistical analysis of public/ staff perceptions

Executive lead:

David Stout

Corporate information

High level financial strategy 2008-11

The high level financial strategy of the SHA exists to underpin the delivery of the vision for the north east in health improvement and services.

It seeks to do this by ensuring that financial resources are maximised, the drive for value for money is a continual focus, financial management is strong at all levels and that NHS organisations remain financially viable.

Specifically we will pursue seven aims:

- **Maximising financial resources**

The SHA will work with the Department of Health and other bodies to ensure that the level of financial resources available to the NHS in the north east is maximised.

- **Improving value for money**

The additional financial resources made available to the NHS over the next three years will be at a considerably lower level than that which has been experienced over the previous five years. Also, the DH requires all NHS organisations to deliver three per cent per annum cash releasing efficiency savings over the next three years. There is therefore a need for a particular focus on improving value for money over the years ahead to ensure that NHS services do not stagnate.

- **Improving financial management**

All NHS organisations need to strive to become excellent or good in the use of resources, as measured by the Healthcare Commission.

- **Returning banked surpluses to PCTs**

To plan with PCTs and the DH, the return of surpluses to PCTs over the three-year period.

- **Remaining in recurrent financial balance**

All organisations (SHA/PCTs/ NHS trusts) to be in recurrent financial balance throughout the three-year period.

- **Eradicating all debt**

In line with the DH Annual Operating Framework 2008/09, all organisations to have eradicated all of their debt by 31 March 2009.

- **Delivering the SHA control total**

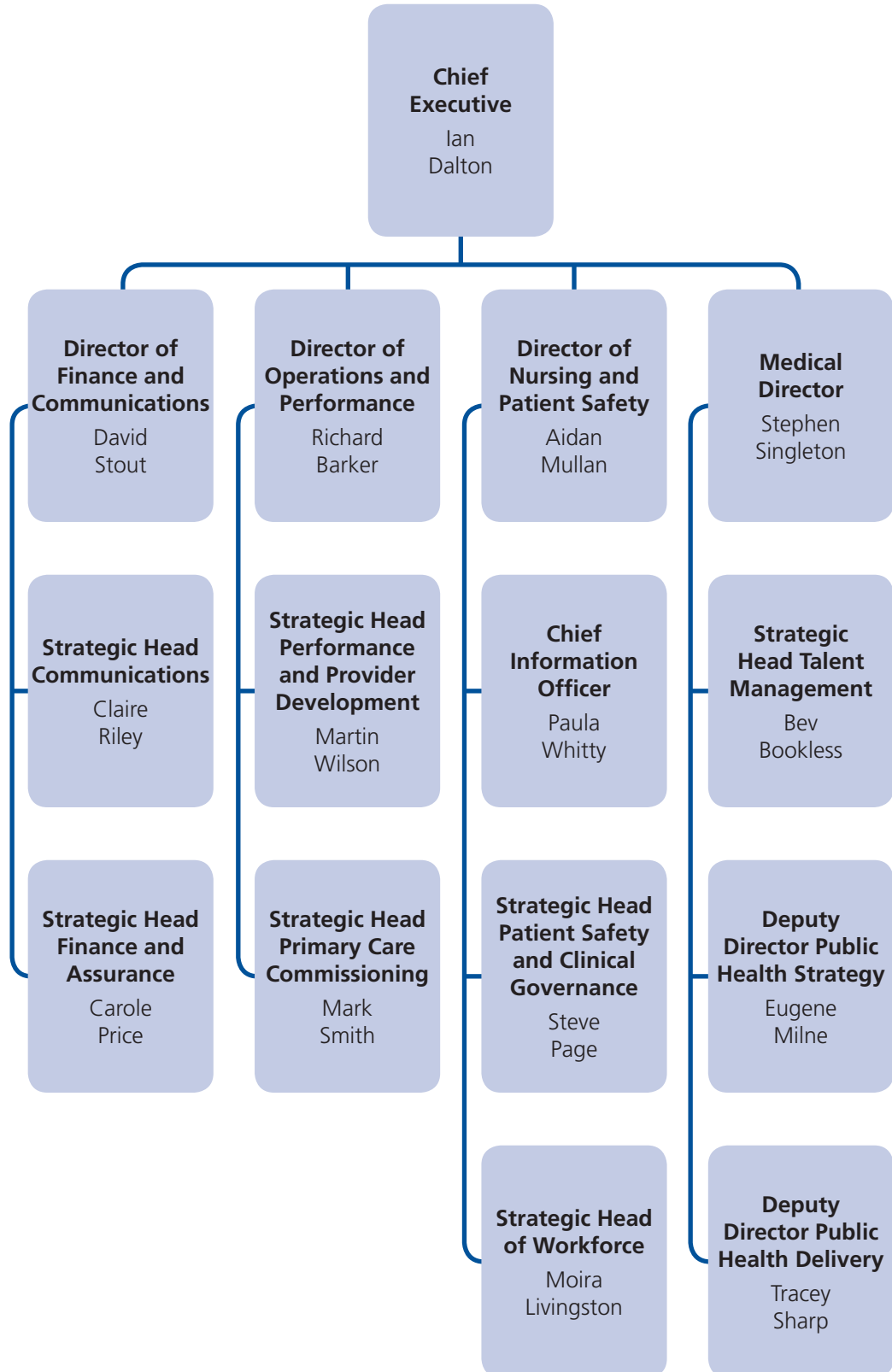
SHA to keep within the control total allocated by the DH. For 2008/09, success for the SHA means delivering a financial surplus in the range of £112m - £132m.

Financial information

SHA revenue budget 2008/09

Management budgets	WTE	2008/09
Staff costs		Budget Total £
Chairman & non-executive directors	0.00	101,427
Chief executive & admin team	5.41	373,199
Finance & communications	19.64	1,228,958
Operations & performance	15.00	1,016,745
Nursing & patient safety	29.55	1,731,363
Medical	13.00	971,695
Staff costs total	82.60	5,423,388
Non-staff costs		
Chief executive		356,580
Finance & communications		950,013
Operations & performance		914,432
Nursing & patient safety		435,222
Medical		69,448
Non-staff costs total		2,725,695
Total management budget 2008/09	82.60	8,149,083
Hosted resources		
National Programme For IT Local Ownership Programme (NLOP)		1,640,000
SHA supported initiatives		994,849
Total hosted resources budget 2008/09		2,634,849
Workforce development		2008/09
		Budget Total £
Postgraduate medical education		106,196,000
Medical undergraduate education		39,688,000
Non-Medical education		63,796,000
Dental undergraduate education		8,687,000
Student grant unit		23,773,000
Workforce development fund		4,400,000
Workforce development budget 2008/09		246,540,000
SHA total budget 2008/09		257,323,932

Organisational structure



Notes

Notes

This document can be made available in large print and on audio tape.

Arrangements for translation can also be made for anyone whose first language is not English.

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من الممكن توفير هذه المعلومات بلغات أخرى حسب الطلب. الرجاء الاتصال بالهاتف رقم: 0191 210 6422.

یہ معلومات درخواست کرنے پر دوسری زبانوں میں بھی فراہم کی جاسکتی ہیں۔ براہ کرم 0191 210 6422 پر ٹیلی فون کریں۔

For further information contact:

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April 2008

NHS

North East