CATEGORY OF PAPER					
Specific action required:		**Provides Assurance:**	✓	**For Information:**	

Board of Directors' Meeting – 25/10/2018	
Report title:	2018/19 Corporate Objectives Update Report – Q2
Purpose of report:	To provide the Trust Board with the '2018/19 corporate priorities progress reporting dashboard', based on individual assessments as at beginning of September 2018.
Key issues: *(key points of the paper, how this supports the achievement of the Trust's corporate objectives, overview of risk implications, main risk details on page 2)*	The 2018/19 Corporate Priorities and related sub-objectives were approved by Trust Board in May 2018. Progress against each sub-objective is monitored through the relevant Committee with overall progress reported at Board on a quarterly basis. Milestones and timescales have been agreed with sub-objective owners to provide a monitoring framework and assurance. Progress is underway to deliver the agreed objectives with the majority of milestones either i) 'on track' for delivery or ii) not due for action yet, with a small number showing as either iii) a potential area of concern, or iv) area of concern 1. Organisational Sustainability – largely on track with a key risk around delivery of CIP by the end of the financial year 2. Quality and Safety – Quality Improvement Hub is on track, with slippage against Quality Strategy milestones, and development of CQC improvement plans. 3. Workforce – largely on track, Trust sickness target not yet achieved although progress towards this is being made. Slippage against some areas relating to Health and Well-being, with a number of milestones yet to be started. 4. Clinical Care and Transport – progress against both unscheduled and scheduled care plans are on track, with the key risk relating to vehicle numbers to support the new rosters 5. NHS 111 Mobilisation – the new service has been implemented successfully despite a number of milestones not completed. 6. Communications and Engagement – plans to improve the external website are on track with other systems delays contributing to risk of delay in delivering the new intranet.
Issue previously considered by:	Finance Committee Workforce Committee Quality Committee
Recommended actions:	The Board is asked to note progress made to data and seek any clarity.
Sponsor / approving director:	Caroline Thurlbeck, Director of Strategy, Transformation and Workforce
Report author:	Hannah Winney, Planning and Performance Manager
Governance and assurance	

Link to Trust Priorities: *(please tick)*	Organisational Sustainability	Improving Quality & Safety	Workforce & Investors in People	Clinical Care & Transport	NHS 111 & Clinical Assessment Service	Comms & Engagement
	✓	✓	✓	✓	✓	✓

Link to CQC / KLOE: *(please tick)*	Caring		Responsive	Effective	Well Led	Safe
					✓	

Link to Trust values: *(please tick)*	Pride	Strive for excellence	Respect	Compassion	Take responsibility & be accountable	Make a difference – day in & day out
					✓	

(Please explain how this paper supports the application of the Trust's values in practice)	This paper has strong linkages in respect of taking responsibility and being accountable (i.e. demonstrating how the Trust is performing, both in respect of identifying issues and also highlighting areas of positive progress, which link directly to patient care. The paper enables the Board to hold the Directors to account for core aspects of delivery).
Any relevant legal / statutory issues? *(Such as relevant acts, regulations, national guidelines or constitutional issues to consider)*	None identified.

	Yes	No	Not Relevant
Equality analysis completed **If this is not relevant please explain why:**			✓
	An equality analysis is a review of a policy, function or significant service change which establishes whether there is a positive or negative impact on a particular social group		

Key considerations	Details
Confirm whether any risks that have been identified have been recognized on a risk register and provide the reference number:	The risks for the Corporate Objectives are documents in the BAF as well as on the risk register. The key risks are: Priority #1: Organisational Sustainability: ORR-50, ORR-56, ORR-57, ARP0000007, CE11, CIP57, FM13, FM15, FM17, SR0002 Priority #2: Improving Quality and Safety ORR-41, ORR-45, ORR-55, ORR-57, CE11 Priority #3: Workforce and Investors in People ORR-35, ORR-50, ORR-57 Priority #4: Clinical Care and Transport ORR-41, ORR-45, ORR-50, ORR-57 Priority #5: NHS111 and Clinical Assessment Service ORR-56, ORR-57, NHS14, NHS17, NHS18, NHS20 Priority #6: Communications and Engagement ORR-15, ORR-45, CE07
Please specify any Financial Implications **Please explain whether there are any associated efficiency savings or increased productivity opportunities?**	There are no immediate financial implications.

Are any additional resources required e.g. staff capacity?	None identified.
Is there any current or expected impact on patient outcomes/experience/quality?	The corporate objectives will drive the strategic aims of the organisation to: Do what we do well Look after our employees Develop new ways of working.
Specify whether appropriate clinical and/or stakeholder engagement has been undertaken: *(stakeholders could include staff, other Trust departments, providers, CCGs, patients, carers or the general public)*	Corporate objectives and associated sub objectives have been widely shared internally and this quarterly update will also be shared.

Are there any aspects of this paper which need to be communicated to our stakeholders (internal or external)? *(Please tick – if 'yes' then please complete all boxes. Please briefly specify the key points for communication and ensure the Comms team are informed via mailto:publicrelations@neas.nhs.uk)*	**Yes**	**No**	**Positive**	**Negative**
	✓	✓	✓	✓
	Proactive	**Reactive**	**Internal**	**External**
	✓	✓	✓	✓
	This paper is shared with the public, Governors and staff, demonstrating transparency on progress.			

Trust Board
2018/19 Corporate Priorities Progress Update – Q2
25 October 2018

1. Introduction

1.1. The 2018/19 Corporate Priorities and related sub-objectives were approved by Trust Board in May 2018.

NEAS Plan Priorities : Objectives for 2017-19

Organisational Sustainability	Improving Quality and Safety	Workforce and IIP	Clinical Care and Transport	NHS 111 and Clinical Assessment Service	Communication and Engagement
Finance Committee Director of Finance and Resources	**Quality Committee** Director of Quality and Safety / Director of Strategy, Transformation and Workforce	**Workforce Committee** Director of Strategy, Transformation and Workforce	**Quality Committee** Chief Operating Officer	**Finance Committee** Medical Directors / Director of Strategy, Transformation and Workforce	**Executive Team** Chief Executive
•Achieving the financial plan •Supporting development of Integrated Care System and associated Integrated Care Partnerships •Strengthening relationships with commissioners •Ambulance Improvement Programme / Carter Review	•Delivery of key milestones in the Quality Strategy •Develop the QI hub to support clinical improvements and innovation •Driving improvement against CQC Fundamental Standards	•Develop and deliver the workforce strategy •Strengthen Organisational Health and Wellbeing	•Unscheduled Care Service Transformation •Scheduled Care Review	•Mobilisation of NHS 111 and IUC CAS •Development of the North East Provider Alliance	•Driving improvement of internal communications •Driving improvements of external communications

1.2. Progress against each sub-objective is monitored through the relevant Committee with overall progress reported at Board on a quarterly basis.

Milestones and timescales have been agreed with sub-objective owners to provide a monitoring framework and assurance.

2.1. Organisational Sustainability

Delivery of the Organisational Sustainability milestones remains largely on track:

- Provisional finance data has been included for September with all measures on track at the time of submission with the exception of CIP which remains a key risk.
- Work continues to support the development of the Integrated Care System, timescales for which sit outside the control of NEAS.
- Strengthening relationships with CCGs and lead commissioners remains an area of on-going focus. Key to achieving this is delivery of:
  - the ORH improvement plan, including implementing the re-roster and delivering agreed efficiencies; and
  - NHS 111 contract including delivery of improvements as set out in our bid.

  Meetings have been on-going with commissioners to agree and monitor progress against the ORH improvement plan, with quarterly reporting through the contract meeting now in place to provide assurance.

  Attendance at the CCG Chief Finance Officers meeting continues, where we have agreed to present a further update on progress at the February meeting. Meetings have been held with NECS and Sunderland CCG to discuss information needs for 999 and IUC CAS reporting, which have been well received. CCG level performance reports have been developed for use at strategic meetings, these will be developed further to also include progress on key strategic projects.

- Following the recent release of the Carter Review Report, timescales for 1.4 have now been re-set and work has commenced to assess the opportunities for improvement for NEAS and begin to develop an action plan to deliver these.

Priority 1: Organisational Sustainability

Ref	Sub-Objective/Milestone	Timescales	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
1.1	**Achieving the Financial Plan**							
1.1.1	Delivering against NHSI control total - deficit of £712,000	End 2018/19	Purple	Purple	Purple	Purple	Purple	Purple
1.1.2	Maintain a healthy liquidity ratio - not exceeding score of 2		Purple	Purple	Purple	Purple	Purple	Purple
1.1.3	Delivering against Cost Improvement Programme target of £8.357m	End 2018/19	Purple	Yellow	Yellow	Red	Red	Red
1.1.4	Delivering within capital plan value of £9.821m	End 2018/19	Purple	Purple	Purple	Purple	Yellow	Purple
1.1.5	Delivering against monthly use of resources rating agreed with NHSI		Purple	Purple	Purple	Purple	Purple	Purple
1.2	**Supporting development of Integrated Care System (ICS) and associated integrated care partnerships**							
1.2.1	Supporting development of ICS objectives and governance arrangements	Apr-19	Purple	Purple	Purple	Purple	Purple	Purple
1.2.2	Supporting work towards emerging structures	Apr-19	Purple	Purple	Purple	Purple	Purple	Purple
1.3	**Strengthening relationships with commissioners**							
1.3.1	Attend CCG Chief Finance Officers meeting to update on finance and performance	Quarterly	Purple	Purple	Purple	Purple	Purple	Purple
1.3.2	Develop and produce regular updates on the management of additional investment for commissioners	Jul-18	Purple	Purple	Purple	Green	Green	Green
1.3.3	Begin meetings with CCGs to review information needs and develop appropriate resources	by end Q2	Blue	Purple	Purple	Purple	Green	Green
1.3.4	Develop key messages scripts covering performance and strategic projects for use in external meetings	Jul-18	Blue	Purple	Purple	Red	Red	Red
1.4	**Ambulance Improvement Programme / Carter Review**							
1.4.1	Assess opportunities following release of national recommendations	Oct-18	Blue	Blue	Blue	Blue	Blue	Purple
1.4.2	Develop action plan	Nov-18	Blue	Blue	Blue	Blue	Blue	Purple
1.4.3	Progress reporting in place against action plan	Nov-18	Blue	Blue	Blue	Blue	Blue	Blue

Legend:
- Blue — Not commenced yet or no rating for this period
- Red — Missed deadline and/or area of concern
- Yellow — Area for increased focus, potential to be an area of concern
- Purple — On track / within tolerance, no concerns or expected concerns at time of reporting
- Green — Achieved / completed

2.2. Improving Quality and Safety

Whilst some of the key milestones in the Quality Strategy have now been delivered, capacity, particularly within the Medical Directorate, is a key concern and puts at risk delivery of a number of these actions which also relate to this year's Quality Priorities.

Zoll defibrillators have now begun to be put on RRVs in line with the vehicle servicing programme, however the Cardiac Arrest Strategy remains behind schedule and the planned audit of resuscitation checklist is at risk due to capacity within the clinical team.

A stakeholder event to develop a regional approach to fallers over 65 years was held in July 2018. Process reviews for fallers over 65 years have been held up due to clinical capacity issues. Work has slipped beyond the September 2018 timescales for the Long Delays audit due to challenges recruiting to the clinical audit post, following re-advertisement this has now been filled, with work underway to begin reviewing these cases. Initial data is expected to be available December 2018.

A draft Mental Health Strategy has been developed and is awaiting sign off.

A Learning from Deaths policy has been implemented, with the first quarterly report presented at Clinical Executive Committee and Quality Governance Group. The first report is due to be shared with the Board in November 2018.

Following the recruitment of the Quality Improvement (QI) Manager earlier this year, work has progressed in setting up arrangements for the QI pilot within operations. Hartlepool and Blucher clusters have been identified to test the pilot process, due to be launched in November 2018. A draft Quality Improvement Strategy has been developed along with a QI handbook for distribution across the Trust.

Progress has been made in delivery of improvements against the CQC Fundamental Standards, with completion of the self-assessment against the Key Lines of Enquiry (KLOE). Delivery against the agreed timescales has slipped as a result of supporting the CQC Inspection. Route maps to outstanding have been completed for HART and are drafted for all other areas, with the expectation that all will be in place by November 2018.

Priority 2: Improving Quality and Safety

Ref.	Sub-Objective/ Milestone	Timescales	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
2.1	**Delivery of key milestones in the Quality Strategy**							
2.1.1	Develop paediatric and maternity sepsis recognition tool	Sep-18						
2.1.2	Review sensitivity and specificity of adult sepsis recognition tool and revise as required	Mar-19						
2.1.3	Develop Cardiac Arrest Strategy	Jul-18						
2.1.4	Roll out of Zoll defibrillators on RRVs	Jul-18						
2.1.5	Audit of resuscitation checklist completed	Dec-18						
2.1.6	Stakeholder event held to develop regional approach to fallers over 65yrs	Jul-18						
2.1.7	Review of process undertaken for patients experiencing delays who fall, are over 65yrs and are in Category 4	Oct-18						
2.1.8	Use of real time feedback implemented in EOC for patients with a long delay who have fallen	Mar-19						
2.1.9	Pilot and evaluation completed of pathway improvements for fallers over 65yrs	Mar-19						
2.1.10	Clinical audit of Long Delays in place	Sep-18						
2.1.11	Mental Health Strategy developed	Sep-18						
2.1.12	Improvement to referral pathways into mental health services in and out of hours	Mar-19						
2.1.13	Develop Clinical Audit Strategy and Policy	Oct-18						
2.1.14	Clinical audit reporting expanded to reflect all clinical audit activity across the Trust	Mar-19						
2.1.15	Implementation of learning from deaths policy	Jul-18						
2.1.16	Quarterly reporting to Board of learning from deaths outcomes in place	Jul-18						
2.1.17	Implement reporting compliance against NICE guidance	Sep-18						
2.2	**Develop the QI hub to support clinical improvements and innovation**							
2.2.1	Recruitment of Quality Improvement Manager role	Jun-18						
2.2.2	Governance process developed and agreed	Sep-18						
2.2.3	Process to accept and approve ideas in place	Oct-18						
2.2.4	Launch of trial Quality Improvement process in Operations	Nov-18						
2.2.5	Initial training material developed	Nov-18						
2.3	**Driving improvement against CQC Fundamental Standards**							
2.3.1	Self assessment against KLOEs completed	Jul-18						
2.3.2	Refine route map to outstanding across all areas	Aug-18						
2.3.3	Reporting against Route Maps to Outstanding action plans in place	Sep-18						
2.3.4	Delivery of EOC Route Map to Outstanding action plan on track	Oct-18						
2.3.5	Delivery of Unscheduled Care Route Map to Outstanding action plan on track	Oct-18						
2.3.6	Delivery of Scheduled Care Route Map to Outstanding action plan on track	Oct-18						
2.3.7	Delivery of Hart Route Map to Outstanding action plan on track	Oct-18						
2.3.8	Delivery of Corporate Services Route Map to Outstanding action plan on track	Oct-18						

2.3. Workforce and Investors in People

Recruitment continues to be challenging, particularly for clinical roles, affecting both Operations Centre and Unscheduled Care. Work is on-going to implement and identify new opportunities to increase recruitment including the development of a social media campaign to attract new staff; expansion of apprenticeships; and an options appraisal to undertake further overseas recruitment has been developed.

Strategies to improve sickness absence have been implemented and are being embedded within business as usual, including focus at provisions meetings, review of sickness policy and roll out of training for managers. Sickness absence figures for the Trust remain higher than other Ambulance Trusts and above the 5% Trust target, however improvements have been seen consistently over recent months compared to 2017/18.

The implementation of ESR Manager Self Service remains at risk due to recent decisions relating to the structure of data held within ESR. Resource implications are being reviewed to understand whether the milestone is deliverable within the original timescales.

The draft Health and Wellbeing Strategy was signed off in September 2018 at the Workforce Committee. The 'Manager's Toolkit' and 'Employee's Health and Wellbeing Handbook' which form part of this strategy remain in development.

A joint Health Innovation Bid with Northumberland, Tyne and Wear Mental Health Trust, was unsuccessful, meaning that a Mental Health Lead could not be recruited. The information collated for the bid will be used to create an internal Business Case to request funding for this post.

Mental Health first aid training is due to be rolled out from November 2018, this milestone is behind schedule due to availability of trained staff to deliver the training.

Priority 3: Workforce and Investors in People

Ref.	Sub-Objective/ Milestone	Timescales	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
3.1	**Develop and Deliver the Workforce Strategy**							
3.1.1	Agree a corporate workforce and training plan for 18/19	Apr-18	Green	Green	Green	Green	Green	Green
3.1.2	Develop an effective recruitment strategy to fulfil the corporate workforce plan	Mar-19	Green	Green	Green	Green	Green	Green
3.1.3	Become a Sponsor organisation to increase the pool of potential applicants	Jun-18	Purple	Purple	Green	Green	Green	Green
3.1.4	Implement strategies to reduce employee sickness absence	Mar-19	Amber	Amber	Amber	Amber	Amber	Amber
3.1.5	Support implementation of revised shift patterns	Mar-19	Purple	Purple	Purple	Purple	Purple	Purple
3.1.6	Develop approach to degree Paramedic training and paramedic career progression	Dec-18	Purple	Purple	Purple	Purple	Purple	Purple
3.1.7	Deliver action plans for IIP	Mar-19	Purple	Purple	Purple	Purple	Purple	Purple
3.1.8	Deliver action plans for Staff Survey	Mar-19	Purple	Purple	Purple	Purple	Purple	Purple
3.1.9	Finalise revised workforce structures in ESR	Jun-19	Purple	Purple	Green	Green	Green	Green
3.1.10	Implementation of ESR Manager Self Service to realise full benefits	Mar-19	Purple	Purple	Purple	Amber	Amber	Amber
3.1.11	Internal progression for front line staff	Apr-19	Blue	Blue	Blue	Blue	Green	Green
3.1.12	Expansion of apprenticeships within NEAS	Aug-18	Blue	Blue	Blue	Blue	Green	Green
3.2	**Strengthen Organisational Health and Wellbeing**							
3.2.1	Develop a Health & Wellbeing Strategy	Jul-18	Purple	Purple	Purple	Green	Green	Green
3.2.2	Appoint a Mental Health Lead - Staff	Dec-18	Purple	Purple	Purple	Amber	Amber	Amber
3.2.3	Appoint a Health & Wellbeing Lead	Mar-19	Blue	Blue	Blue	Blue	Blue	Blue
3.2.4	Maintain SEQOHS accredited Occupational Health Service	Dec-18	Blue	Blue	Blue	Blue	Blue	Blue
3.2.5	Assess organisation's health & wellbeing status using the Health & Wellbeing Framework Diagnostic Tool	Dec-18	Blue	Blue	Blue	Blue	Blue	Blue
3.2.6	Carry out an "Organisation Wide Health Needs Assessment"	Dec-18	Blue	Blue	Blue	Blue	Blue	Blue
3.2.7	Develop "Manager's Toolkit"	Jul-18	Purple	Purple	Purple	Red	Red	Red
3.2.8	Develop "Employees Health and Wellbeing Handbook"	Jul-18	Purple	Purple	Purple	Red	Red	Red
3.2.9	Participate in the AACE Mental Health Strategy	tbc	Purple	Purple	Purple	Purple	Purple	Purple
3.2.10	Reduce employee absence to achieve Trust target of 5%	Mar-19	Amber	Amber	Amber	Amber	Amber	Amber
3.2.11	Look to increase take up of flu vaccine in line with Trust Flu Plan	Feb-19	Purple	Purple	Purple	Purple	Purple	Purple
3.2.12	Develop appropriate policies to support the corporate HWB Strategy e.g. Rehabilitation and Fast Polices	Mar-18	Blue	Blue	Blue	Blue	Blue	Blue
3.2.13	Commence Mental Health First Aid Training	Dec-18	Purple	Purple	Purple	Amber	Amber	Amber
3.2.14	Self-management of mental health	Dec-18	Blue	Blue	Blue	Blue	Blue	Blue

2.4. Clinical Care and Transport

Work to develop and implement the new shift patterns following the ORH recommendations is on-going and expected to be in place in May 2019 as planned. Staff roadshows have been planned to explain the process, impact and timescales for implementation of the new rosters, which will begin week commencing 15 October 2018. However, risks relating to delivery of paramedic recruitment, vehicle numbers and estate requirements to align with implementation of the new rosters mean that the expected improvement in response performance may not be achieved.

Milestones relating to delivery of ORH agreed efficiencies have largely been delivered, with progress on track to deliver reductions in abstractions and handover to clear times. The roll out of CARE is slightly behind schedule, all staff have access to the tool with e-learning training now due to be circulated in October 2018. It is expected that access to individual level performance information will further support improvement in efficiencies.

The paramedic pathways team has now been recruited to; the team's initial focus will be to review existing pathways before working with CCGs and providers to develop appropriate pathways of care.

The Scheduled Care Review is now underway, following the appointment to the Scheduled Care Review Manager post. An initial recommendations report is expected in February 2019 as planned, which will be used to inform the future strategic approach for Scheduled Care.

Priority 4: Clinical Care and Transport

Ref.	Sub-Objective/ Milestone	Timescales	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
4.1	**Unscheduled Care Service Transformation**							
4.1.1	Shift patterns developed	Apr-19	Purple	Purple	Purple	Purple	Purple	Purple
4.1.2	Staff consultation completed	Nov-18	Purple	Purple	Purple	Purple	Purple	Purple
4.1.3	Additional vehicles ordered 2018/19	Jul-18	Purple	Purple	Amber	Amber	Amber	Red
4.1.4	Estates work completed	Apr-19	Purple	Purple	Purple	Purple	Purple	Amber
4.1.5	All new rosters in place	May-19	Purple	Purple	Purple	Purple	Purple	Purple
4.1.6	Monthly abstractions reporting and monitoring in place	Aug-18	Purple	Purple	Purple	Purple	Green	Green
4.1.7	Annual leave planning process reviewed	Aug-18	Purple	Purple	Purple	Purple	Green	Green
4.1.8	Exception reporting and management processes embedded for handover	Aug-18	Purple	Purple	Purple	Purple	Green	Green
4.1.9	Individual Performance Management Policy and Process developed	Sep-18	Purple	Purple	Purple	Purple	Purple	Green
4.1.10	CARE project live Trust wide	Sep-18	Purple	Purple	Purple	Purple	Purple	Red
4.1.11	Additional management capacity in post	Sep-18	Purple	Purple	Purple	Purple	Purple	Green
4.1.12	Handover to clear performance included in all rideouts and appraisals	Aug-18	Purple	Purple	Purple	Purple	Purple	Green
4.1.13	Implementation of the paramedic career pathway	Jan-19	Purple	Purple	Purple	Purple	Purple	Purple
4.1.14	Pathways Liaison Officers in place	Sep-18	Purple	Purple	Purple	Purple	Purple	Green
4.1.15	Single Point of Access in place within EOC for Pathways and clinical advice	Oct-18	Blue	Blue	Blue	Blue	Blue	Blue
4.1.16	Review of clinical pathways completed	Mar-19	Blue	Blue	Blue	Blue	Blue	Blue
4.1.17	Clinical Pathways App live (JRCALC)	Mar-19	Blue	Blue	Blue	Blue	Blue	Blue
4.1.18	Auto dispatch implemented for C1 Calls	Jan-19	Blue	Blue	Blue	Blue	Blue	Blue
4.2	**Scheduled Care Review**							
4.2.1	Appoint Scheduled Care Review Manager	Jul-18	Purple	Purple	Purple	Green	Green	Green
4.2.2	Options appraisal developed to review meal break policies	Apr-19	Blue	Blue	Green	Green	Green	Green
4.2.3	New Meal break agreement in place	Mar-19	Blue	Blue	Blue	Purple	Purple	Purple
4.2.4	Recommendations Report completed	Feb-19	Blue	Blue	Blue	Blue	Blue	Blue
4.2.5	Strategic Review of Scheduled Care completed	Mar-19	Blue	Blue	Blue	Purple	Purple	Purple
4.2.6	Training and development package in place for leadership team	Apr-19	Blue	Blue	Blue	Blue	Blue	Blue

NHS 111 and Clinical Assessment Service

Despite slippage in some areas, the new NHS 111 and Clinical Assessment Service went live as planned on 1 October 2018. There has been slippage against some milestones including establishing a southern base and implementation of the new Cleric system, and whilst work will continue to deliver these, they have not prevented the new service mobilising.

Clinical capacity remains a key risk for delivery of the new service, which has been compounded by the additional speak to and contact primary care activity recently agreed with commissioners. Recruitment remains on-going, which will be informed by re-modelling to account for the expected increases in activity over the next 6 months as we move to take on the full regional speak to and contact primary care activity.

Meetings with CCGs have been on-going through the summer to discuss mobilisation of the new contract and transition arrangements. Transition plans have now been developed for the additional Speak to and Contact Primary Care activity across all CCG areas. Further work is needed with commissioners and providers to realise the full potential of Alliance working and the Alliance Framework Agreement.

Developing plans to fully implement the 111 CAS and delivery of these are key to supporting strengthening of relationships with commissioners included within the Organisational Sustainability priority.

Priority 5: NHS 111 and Clinical Assessment Service

Ref.	Sub-Objective/ Milestone	Timescales	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
5.1	**Mobilisation of NHS111 and IUC CAS**							
5.1.1	Job descriptions complete and adverts posted	May-18	yellow	red	red	red	red	green
5.1.2	Location secured for Southern base	Jun-18	purple	yellow	purple	green	green	green
5.1.3	Infrastructure ordered	Jun-18	purple	purple	purple	green	green	green
5.1.4	Infrastructure delivered	Jul-18	purple	purple	purple	purple	red	red
5.1.5	Network site survey complete	Jul-18	purple	purple	purple	green	red	green
5.1.6	Network requirements in place	Sep-18	purple	purple	purple	purple	red	red
5.1.7	Initial staff tupe discussions held	Aug-18	purple	purple	purple	purple	green	green
5.1.8	Staff training/induction completed	Sep-18	purple	yellow	yellow	yellow	yellow	yellow
5.1.9	Cleric developments completed	Aug-18	purple	purple	purple	purple	yellow	red
5.1.10	Southern base site live	Sep-18	purple	purple	purple	purple	red	red
5.1.11	Cleric testing completed and in place	Sep-18	purple	purple	purple	purple	yellow	yellow
5.1.12	All systems in place and live	Sep-18	purple	purple	purple	purple	yellow	yellow
5.1.13	Required staffing in post	Oct-18	purple	red	red	red	red	red
5.1.14	Staff Tupe completed	Oct-18	purple	purple	purple	yellow	purple	purple
5.1.15	Report building completed	Oct-18	purple	purple	purple	purple	yellow	yellow
5.2	**Development of the North East Provider Alliance**							
5.2.1	Meet with all potential Alliance partners initial discussions	Oct-18	purple	purple	purple	purple	green	green
5.2.2	Agree Out of Hours speak to activity transition dates	Aug-18	purple	purple	purple	yellow	red	green
5.2.3	Develop standard pricing framework	Jul-18	purple	purple	purple	red	red	red
5.2.4	Develop and agree Out of Hours speak to implementation plan	Oct-18	purple	purple	purple	purple	yellow	green
5.2.5	Develop framework for on-going Alliance working	Oct-18	purple	purple	purple	purple	purple	yellow
5.2.6	Confirmed plans in place for on-going Alliance working	Apr-19	purple	purple	purple	purple	purple	purple

2.6. Communication and Engagement

Progress is largely on track against Communications and Engagement milestone including the completion of a Communications Strategy which has been signed off by the Board and sets out the approach for developing communications both internally and externally.

A rapid process improvement workshop (RPIW) on internal communications was planned for October 2018 slightly behind the original timeframe, this has now been rescheduled to December. This workshop will generate an action plan for implementation. Alongside this work, a review of intranet content is taking place which is due for completion November 2018. Work to migrate intranet content to the new intranet site has been delayed as a result of delays to Office 365 rollout, this puts at risk the planned go live in April 2019.

In-house media training for key staff commenced in September 2018, with further training planned. Work to extend the existing website contract is on track and expected to achieve the October 2018 timescales.

Priority 6: Communications and Engagement

Ref.	Sub-Objective/ Milestone	Timescales	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
6.1	**Driving improvement of internal communications**							
6.1.1	Communications Strategy developed	Aug-18	purple	purple	purple	green	green	green
6.1.2	RPIW on internal communications completed	Sep-18	blue	blue	blue	purple	purple	red
6.1.3	Migration of intranet content to new sharepoint platform	Dec-18	blue	blue	blue	yellow	yellow	yellow
6.1.4	Monthly monitoring of board and senior manager visibility in place	Mar-19	blue	blue	blue	purple	purple	purple
6.1.5	Sharepoint intranet and team sites live	Apr-19	purple	purple	purple	purple	purple	yellow
6.1.6	Evaluation of communications tools completed	Apr-19	blue	blue	blue	purple	purple	purple
6.2	**Driving improvement of external communications**							
6.2.1	Launch of in-house media training for key staff	Sep-18	purple	purple	purple	purple	purple	green
6.2.2	Secure a new host and support contract for existing website	Oct-18	purple	purple	purple	purple	purple	purple
6.2.3	Refresh and train staff in website content management	Nov-18	blue	blue	blue	blue	blue	blue
6.2.4	Business Case prepared for website hosting and support	Mar-19	blue	blue	blue	blue	blue	blue
6.2.5	Social Media Strategy developed	Mar-19	blue	blue	blue	purple	yellow	purple
6.2.6	Delivery of Governor Communications Improvement Plan	Apr-19	blue	blue	blue	purple	purple	purple

3. Assurances

3.1.   CCG level performance reports developed

3.2.   Development of paediatric and sepsis recognition tool

3.3.   Zoll defibrillators are being installed onto RRVs

3.4.   A stakeholder event for fallers over 65 was held in July

3.5.   Progress in establishing Quality Improvement Hub

3.6.   Implementation of the Learning from Deaths Policy

3.7.   Staff consultation for ORH on track

3.8.   Implementation of strategies to improve sickness absence

3.9.   Paramedic Pathways team established

3.10.   Scheduled Care Review underway

3.11.   New NHS 111 Service mobilised 1 October 2018 as planned

3.12.   Transition plans developed for additional speak to and contact Primary Care activity

3.13.   Completion of a Communications Strategy

4. Risks

4.1.   Delivery against Cost Improvement Programme target of £8.357m

4.2.   Competing priorities requiring clinical input putting objectives at risk of non-delivery, including Quality Priorities

4.3.   Challenges to recruitment, particularly clinical posts, put at risk delivery of key improvement plans

4.4.   Risk of insufficient vehicles and staff available to fulfil ORH rosters, leading to response performance not being maximised

4.5.   Unavailability of staff to deliver the Mental Health training

4.6.   Opening of the southern base site and migration to the combined Cleric system are delayed

5. Recommendations

The Board is asked to note progress against Corporate Objectives to date and seek further clarity as required.

Document Information

Author Name:	Hannah Winney
Author Title:	Planning and Performance Manager

Sponsor Name:	Caroline Thurlbeck
Sponsor Title:	Director Strategy, Transformation and Workforce

Last Saved	2018-10-22 11:59:00
Save Location	N:\Public\Performance Management & Business Planning\04 - Planning\NEAS Plan\NEAS Plan Monitoring 2018-19\Trust Board Papers\Corporate Priorities Quarter 2 Update Report.docx
Word Count	2705