Harrogate and District NHS
NHS Foundation Trust

You matter most

Operational Plan Document for 2014-16

Harrogate and District NHS Foundation Trust

4 April 2014
Final

Operational Plan Guidance – Annual Plan Review 2014-15

The cover sheet and following pages constitute operational plan submission which forms part of Monitor's 2014/15 Annual Plan Review

The operational plan commentary must cover the two year period for 2014/15 and 2015/16. Guidance and detailed requirements on the completion of this section of the template are outlined in section 4 of the APR guidance.
Annual plan review 2014/15 guidance is available here.
Timescales for the two-stage APR process are set out below. These timescales are aligned to those of NHS England and the NHS Trust Development Authority which will enable strategic and operational plans to be aligned within each unit of planning before they are submitted.
Monitor expects that a good two year operational plan commentary should cover (but not necessarily be limited to) the following areas, in separate sections:

1. Executive summary
2. Operational plan
    a. The short term challenge
    b. Quality plans
    c. Operational requirements and capacity
    d. Productivity, efficiency and CIPs
    e. Financial plan
3. Appendices (including commercial or other confidential matters)

As a guide, we expect plans to be a maximum of thirty pages in length. Please note that this guidance is not prescriptive and foundation trusts should make their own judgement about the content of each section.
The expected delivery timetable is as follows:

Expected that contracts signed by this date	28 February 2014
Submission of operational plans to Monitor	4 April 2014
Monitor review of operational plans	April- May 2014
Operational plan feedback date	May 2014
Submission of strategic plans to Monitor (Years one and two of the five year financial plan will be fixed per the final plan submitted on 4 April 2014)	30 June 2014
Monitor review of strategic plans	July-September 2014
Strategic plan feedback date	October 2014

1.1 Operational Plan for y/e 31 March 2015 and 2016

This document completed by (and Monitor queries to be directed to):

Name	**Jonathan Coulter**
Job Title	**Deputy Chief Executive/Director of Finance**
e-mail address	**jonathan.coulter@hdft.nhs.uk**
Tel. no. for contact	**01423 554545**
Date	**April 2014**

The attached Operational Plan is intended to reflect the Trust's business plan over the next two years. Information included herein should accurately reflect the strategic and operational plans agreed by the Trust Board.

In signing below, the Trust is confirming that:

- **The Operational Plan is an accurate reflection of the current shared vision of the Trust Board having had regard to the views of the Council of Governors and is underpinned by the strategic plan;**
- **The Operational Plan has been subject to at least the same level of Trust Board scrutiny as any of the Trust's other internal business and strategy plans;**
- **The Operational Plan is consistent with the Trust's internal operational plans and provides a comprehensive overview of all key factors relevant to the delivery of these plans; and**
- **All plans discussed and any numbers quoted in the Operational Plan directly relate to the Trust's financial template submission.**

Approved on behalf of the Board of Directors by:

Name *(Chair)*	SANDRA J DODSON

Signature

Approved on behalf of the Board of Directors by:

Name *(Chief Executive)*	RICHARD G. ORD.

Signature Richard g. Ord.

Approved on behalf of the Board of Directors by:

Name *(Finance Director)*	JONATHAN COULTER

Signature J. Coulter

1.2 Executive Summary

1.2.1 Introduction

HDFT is a high performing organisation which provides high quality integrated Hospital and Community Services

This operational plan identifies the challenges to the Trust, together with the initiatives and developments we propose to take forward over the next two years and the resources required to deliver these plans.

1.2.2 Strategic Vision of the organisation

The Trust has reviewed its strategic vision and objectives as part of the development of the 2014/15 business plan. A series of time out sessions have been held with key stakeholders, the Board of Directors and Council of Governors to consider the future vision for the organisation, ensuring that it delivers national priorities and local commissioner requirements.

The strategic aims of the organisation continue to be to:-

- Drive forward improvements in the quality of services to improve patient safety, outcomes and experience for people who use our services.
- Work with our partners to develop and implement the joint service strategy across the health communities we serve.
- Develop more integrated community based services, enabling people who use our services to be treated closer to home, or at home.
- Expand our secondary care services into Leeds.

1.2.3 Stakeholder engagement

In developing the operational plan the Trust has actively engaged with key stakeholders and staff at all levels within the organisation. The Trust has met with its main stakeholders including the local CCGs, and Voluntary Sector representatives to agree the priorities and plans to be taken forward to address the challenges for each organisation.

In addition, the Trust has engaged with the Council of Governors regarding the development of the Plan. The Governors represent the views and interests of the members of the Foundation Trust and they are involved in the business planning process throughout the year to ensure that there is full engagement and understanding of the Trust's strategic aims and objectives.

Governor representatives have met with members of the Trust's Senior Management Team as part of a task and finish working group. This task and finish group is kept fully briefed on the service and capital priorities being included in the plan and the group receives regular updates on the Trust's financial plan as it is developed. This meeting has also been extended to all governors to meet to discuss the plan.

The Clinical Directorates have also been at the centre of agreeing the plan with regular discussions held to agree the detailed service, capital and financial plans. In relation to the Better Care Fund, whilst engagement in the detailed planning has been challenging, HDFT is the local provider representative on the North Yorkshire Health and Wellbeing Board and has recently been invited to the Integrated Commissioning Board, alongside all health and social care providers across North Yorkshire.

1.2.4 The challenge facing the Trust and the wider local health economy

The key challenges for the local health economy can be summarised as follows:-

- The rising demand for health and social care resulting from demographic pressures in the over 65's, especially in the 85- 89 age group, over the next two years.
- Within this demographic growth, an increase in people living with multiple co-morbidities whose needs should be met within a community setting.
- The impact on secondary care services with the increase in elective and non-elective admissions alongside increased length of stay, if different ways of caring for patients in alternative settings are not developed.
- The effective utilisation of the Better Care Funding to reduce the growth in demand and costs of health care services.

1.2.5 Quality priorities and quality plans

The Trust has identified 4 key priorities for quality improvement in 2014/15. These continue into 2015/16 subject to appropriate amendment as necessary:-

1. Reducing morbidity by reducing the number of avoidable healthcare acquired pressure ulcers
2. Reducing harm to patients by increased focus on fluid management, pain control and preventing falls
3. Improving responsiveness to patient need including escalation of concerns and handover/ good continuity of care
4. Improving public health by providing information and education to patients to increase the opportunities for people to self care and make healthy lifestyle choices particularly relating to reduction of smoking prevalence, misuse of alcohol and obesity

There will be a continued focus on quality improvement in other areas including:-

5. End of life care and high quality communications with patients and families
6. Care of patients with dementia across the health community
7. Hospital discharge and especially delays on the day of discharge
8. Assuring safe staffing levels and transparency of information regarding actual and planned nursing levels

In addition to the Quality Account priorities the Trust is also focused on:-

9. Improving patient experience specifically by maximising the use of feedback via the Friends and Family Test and other mechanisms, and improving the environment and efficient use of resources

The quality plans that are detailed in the operational plan have been developed to support the delivery of the quality priorities of the organisation.

1.2.6 Operational requirements

The operational requirements to deliver the strategic aims of the organisation are detailed in the plan.

1.2.7 Future Tendering Opportunities

The Trust is investing in additional business development resource through support in future tendering opportunities for the organisation.

1.2.8 Financial summary

The Trust recognises the financial challenges across the NHS, in particular on providers who need to deliver an ongoing efficiency improvement of around 5% year on year. The Operational Plan outlines the actions we are taking, in particular the opportunity as an integrated provider of hospital and community services to redesign care pathways to improve quality and efficiency and reduce the income risk to the Trust.

The Operational Plan delivers a 1% surplus each year. Investments are targeted to deliver the quality priorities of the Trust. A detailed efficiency programme has been agreed following widespread discussion and agreement across the organisation. Downside risks have been assessed and mitigations identified.

As of the date of submission of the plan, the material contract agreement that is outstanding is the Harrogate and Rural District (HaRD) CCG acute services contract. There remains a contracting gap of £4.3m, although there has been no assumption of receipt of the non elective threshold income or readmission money (totalling £3.5m, for which the CCG need to agree a plan for investment). There is also significant uncommitted Better Care Fund (BCF) funding available for 2014/15 to offset the current income risk (£9m across North Yorkshire). Given that the Trust provides both acute and community services, we are well placed to manage the income risk.

The Continuity of Services rating that results from the plan is a 3 in Quarter 1 of 2014/15 and a 4 thereafter.

1.3 Operational Plan

1.3.1 Introduction

HDFT is a high performing organisation which provides high quality integrated Hospital and Community Services.

The Trust is the principal provider of hospital services to the population of Harrogate and Rural District and North and West Leeds. This represents a catchment population of approximately 200,000 which is still increasing in relation to North and West Leeds. In addition, the organisation now also serves a wider population, including Harrogate and Rural District, of approximately 600,000 across North Yorkshire as it provides a range of specialist Community Services.

The hospital has an Emergency Department, extensive Outpatient facilities, Intensive Therapy Unit (ITU), Coronary Care Unit, Cardiac Catheterisation Laboratory plus five main Theatres, a 20 place Day Surgery Unit with three further Theatres and an Emergency Obstetric Theatre located within the Maternity Unit. There is also a dedicated Children's Ward with Paediatric HDU facilities. The Trust recently opened the Sir Robert Ogden Macmillan centre which provides facilities for the treatment of patients with cancer. Dedicated purpose built facilities are also provided on site for Radiology, Pharmacy, Pathology, Endoscopy and Therapy Services.

The Trust provides a number of Community Services to the Harrogate locality and also across North Yorkshire. The services provided to the locality include Older People and Vulnerable Adults services, whilst Specialist Community Services, Children and Family Services, Minor Injury Units, GP Out of Hours services, (excluding the Scarborough locality), Smoking Cessation Services, Community Equipment and Wheelchairs stores, Salaried Dental Services, Safeguarding Children Services, Community Podiatry Services and Infection Prevention and Control/TB Liaison Services, are pan North Yorkshire services.

HDFT also acts as the first contact for access to more specialist services through alliance based working with neighbouring hospitals. These extended services are provided by visiting consultants or alternatively by the patient travelling to hospitals in Leeds or York.

HDFT has a number of established clinical links with Leeds Teaching Hospitals Trust (LTHT) for tertiary services. These include Coronary Heart Disease, Neurology, Plastic Surgery, Specialist Paediatrics and access to specialist Cancer Services.

A range of secondary care services are also provided in partnership with York Teaching Hospitals NHS Foundation Trust (YHFT) which include Breast & Cervical Screening, Dermatology, Ear Nose and Throat (ENT), Genito-Urinary Medicine (GUM)*/, Sexual Health Services, Neurophysiology, Non-Surgical Oncology, Ophthalmology, Oral & Maxillofacial Surgery, Orthodontics, Renal Medicine, Rheumatology, Urology, Vascular Services, Satellite Renal Unit*,(*Services managed by YHFT, but provided in facilities on the Harrogate District Hospital (HDH) site.)

Clinical alliances with Airedale NHS Foundation Trust are also now well established, with outreach Dermatology clinics provided at Airedale Hospital. Both Trusts continue to explore opportunities for further alliance based working, including links in Pathology services where both organisations are learning examples of best practice from each other and implementing changes in the respective clinical teams.

As part of secondary care expansion into North and West Leeds links have been strengthened with the Leeds CCGs, with the Trust providing outpatient clinics for ENT services at Chapeltown Health Centre and an outpatient clinic for orthopaedic services at the Street Lane GP Practice in Leeds. Further outpatient clinics are held at Wetherby Primary Care Centre for the specialities of Dermatology, General Surgery, Gynaecology, Paediatrics, Neurology, Respiratory, Gastroenterology, Vascular and Rheumatology. Outpatient clinics are also now provided in Yeadon Health Centre for Orthopaedics, General Surgery, Urology, Gynaecology and Maternity.

1.3.2 Strategic Vision

The Trust has reviewed its strategic vision and objectives as part of the development of the 2014/15 – 18/19 operational and strategic business plans. A series of time out sessions have been held with key stakeholders, the Board of Directors and Council of Governors to consider the future vision for the organisation, ensuring that it delivers national priorities and local commissioner requirements.

The strategic aims of the organisation have been re-affirmed as:-

- Drive forward improvements in the quality of services to improve patient safety, outcomes and experience for people who use our services.
- Work with our partners to develop and implement the joint service strategy across the health communities we serve.
- Develop more integrated community based services, enabling people who use our services to be treated closer to home, or at home.
- Expand our secondary care services in Leeds

Overall, our overarching aim is to continue to deliver high quality care to our patients. This will be achieved by continuing to work with our partners, through alliances and networks, developing more Integrated services closer to home and expanding our catchment population into Leeds and North Yorkshire.

With regard to developing more integrated services, the Trust will not only focus on the opportunities for further integration of hospital and community services, but will increasingly pursue opportunities for integration of health and social care services where this is beneficial for local people.

Our strategy is aligned to the commissioning intentions of our main commissioners (Harrogate and Leeds CCGs) and has been developed through discussion and collaboration with each organisation. The Trust is now actively engaged with local commissioning groups to implement this strategy, with a view to introducing different models of care across the health community. In relation to North Yorkshire County Council, their vision is to support people to live at home and use services as near to home as is possible and safe.

1.3.3 Strategic plan

HDFT has considered in detail the key initiatives that need to be taken forward for the first two years of the plan.

The Strategic Plan focuses on providing high quality, safe and sustainable services to its local population of Harrogate and Leeds North and West, as well as the wider North Yorkshire patch for the community services we provide.

In order to deliver this strategy the Trust will take forward work across a number of areas over the planning period including:-

- Continuing to deliver clinically sustainable services, in particular reflecting the need to meet 7 day standard
- Managing the growth in non-elective admissions, both within the hospital and in the community, exploring different service models to enable care to be delivered as close to people's homes with a reduced reliance on acute bed days where clinically appropriate
- Further integration of community services, including the option to develop greater links with social care
- Expansion of services into Leeds, including the use of Wharfedale Hospital

1.3.4 The short term challenge for the Trust and the wider health economy

Harrogate and District NHS Foundation Trust (HDFT) works with several health economies and has commissioning arrangements with a number of commissioners, the largest being Harrogate and Rural District (HaRD) Clinical Commissioning Group (CCG), Leeds CCGs North and West, North Yorkshire County Council (NYCC) and NHS England.

HaRD CCG

HaRD CCG draws its membership from GP practices located in the main centres of population within Harrogate and Ripon. It further includes satellite surgeries in the more rural areas of the locality, together with two health centres in the more rural areas of Boroughbridge and Pateley Bridge.

The key challenge for the Trust and HaRD CCG will be to manage the pressure on local health and social care that will result as a consequence of the predicted growth in the over 65's, especially in the 85- 89 age group, over the next two years.

This demographic change will present a challenge to adult, community, primary and social care services, with a notable increase in the case load of patients who have multiple co morbidities requiring community based care.

Equally, secondary care will also face additional challenges as there will be an increase in elective and non-elective admissions with increased length of stay if different ways of caring for patients in alternative settings are not developed.

The Trust recognises the strategic importance of delivering resilient, safe and cost effective community services as part of its longer term vision to reduce reliance on acute beds and free up capacity for elective care. It shares commissioner aspirations to transform pathways and improve integration across acute, community and social care.

The effective utilisation of the Better Care Funding to manage escalating demand for health and social care, especially in the acute sector, will be essential. Given the predicted demographic increases in the over 65 age group, the Trust is of the view that the use of the Better Care Funding will have proved successful if activity for unplanned care is managed at current levels and delivered within existing capacity. This in itself will be a significant challenge.

The work undertaken to date through the utilisation of the Health and Social Care funding (now termed Better Care Funding) has focussed on developing pilot schemes to support an extension to the operating hours of the CAT (Clinical Assessment Team), as well as investing additional resources in the community fast response and rehabilitation teams. These schemes will assist in reducing admissions into hospital and also facilitate improvements in discharge. The Better Care Funding will also be used to maintain baseline services in social care, with the remaining funds supporting new initiatives in health and social care.

In relation to elective activity the CCG is strengthening its referral management arrangements to ensure that the thresholds are fully met and the Trust's fully committed to this approach. HDFT anticipates that managing the number of elective admissions will be challenging despite the introduction of these arrangements, particularly due to the increase in the over 65 age group and projected health care trends. The Trust is of the view that the further reductions in elective activity proposed by the CCG will be very difficult to deliver and the levels of demand for elective care will continue to increase. This situation will be kept under close review and HDFT will do its utmost to achieve the CCGs aim.

Leeds North and West CCGs

In relation to Leeds CCGs, the Trust provides a range of outreach outpatient services at Wetherby Health Centre, an Orthopaedic outpatient service at Street Lane GP practice and ENT outpatient services at Chapeltown Health Centre for Leeds North CCG. Clinics are undertaken at Yeadon Health Centre for Leeds West CCG for orthopaedics, general surgery, urology and maternity services.

The key challenge for the Trust with regard to the Leeds CCGs is the ability to provide sufficient capacity to deliver the commissioned levels of activity particularly for the elective specialties. The focus for the Leeds CCGs is to be able to deliver the required access and quality standards and HDFT is seen as a significant partner in delivering these goals. Work will continue with the Leeds CCGs to roll out more outreach clinics in the Wetherby, Otley and Yeadon areas to support this agenda.

The Trust continues to engage with Leeds Teaching Hospitals Trust to re affirm the position that Leeds Teaching Hospital Trust is our tertiary provider and that HDFT would wish to provide more secondary care with Leeds. A memorandum of understanding is being developed which proposes stronger links being developed between the two organisations in the future.

Other key commissioners

With regard to NYCC, the following services are currently commissioned from the Trust:-

- School Nursing
- Smoking Cessation
- Sexual Health
- Dental Services – Public Health element

The key challenge for the Trust is determining the future service models in view of the proposed retendering exercise when the current contracts expire. The Trust is working with commissioners to help to inform the future service models in relation to children' s services, sexual health and smoking cessation services.

In relation to NHS England, the following services are currently commissioned from the Trust:-

- Health Visitors 0-5 Service
- Salaried Dental Services

The Health Visitors 0-5 service is at present commissioned by NHS England but the commissioning arrangements will transfer to North Yorkshire County Council in 2015. The Healthy Child programme is currently well defined and the Trust is meeting its trajectory in relation to the recruitment of additional health visitors, despite the shortage nationally. The funding for the number of staff required is in place for 2014/15, however, there is a risk that when the commissioning arrangements transfer to North Yorkshire County Council the current level of funding will no longer be guaranteed, as the Council will potentially look to develop an integrated children's model of service which will impact on the number of health visitors required.

In relation to the salaried dental services there is a potential risk in relation to the Trust's ability to deliver the specification required in this transitional year.

NHS England also commissions a range of high cost medicines as part of specialised services, including cancer chemotherapy and the cancer drug fund. The main challenges for the Trust are to work towards implementation of the NHS England commissioning intentions in relation to medicines, to provide appropriate access to patients of such medicines, ensure implementation of NICE guidance and the development of cost effective prescribing initiatives.

Future Tendering Opportunities

The Trust is investing in additional Business Development resource to support the organisations response to tender opportunities that are significantly important to the Trust.

1.3.5 Quality Plans

National and Local commissioning priorities

National priorities

Everyone counts: Planning for patients 2014/15 to 2018/19, published by NHS England on 20 December 2013, set out the vision of the NHS and focused on the key outcomes for patients and how these should be delivered.

The five outcome measures can be summarised as follows:-

- Preventing people from dying prematurely with an increased life expectancy
- People with long term conditions to have the best quality of life
- Patients to be able to recover quickly and successfully
- Patients to have a good experience of all of their care
- Patients to be kept safe and protected from avoidable harm

The five outcomes have been translated into specific measurable ambitions which the Trust has taken into account when formulating its strategic plans.

The seven specific ambitions are identified below:-

- Securing additional years of life for people with treatable mental and physical health conditions
- Improving the health related quality of life for people with one or more long term conditions
- Reducing the amount of time people spend avoidably in hospital through better more integrated care in the community, outside of hospital
- Increasing the proportion of older people living independently at home following discharge from hospital
- Increasing the number of people with mental and physical conditions having a positive experience of hospital care
- Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community
- Making progress towards eliminating avoidable deaths in hospital caused by problems in care

Work will continue over the planning period with commissioners and other stakeholders to ensure that these ambitions are reflected in the local plans that are taken forward.

Local Commissioning priorities

HaRD CCG

The Trust has met with the Harrogate and Rural District (HaRD) CCG to discuss the key commissioning priorities to be taken forward over the planning period. The CCG has confirmed that their local priorities are:-

- Reviewing adult community services (To be undertaken in a joint basis with CCG, North Yorkshire County Council and the Trust)
- Developing the model for urgent care services
- Implementing a referral management process for elective activity
- Enhancing mental health services for the locality

The CCG is also working with the West Yorkshire Network to develop a number of priorities that will be taken forward over the longer term and these includes initiatives to improve the provision in Stroke care, Cancer Services, Paediatrics and Trauma.

The Trust will continue to work with its main commissioner on these initiatives to re shape and enhance

the way these services are delivered.

Leeds CCGs

Leeds West

The Trust has discussed the key commissioning priorities to be taken forward over the planning period with the Leeds West CCG who have confirmed that their local priorities are:-

- Right sizing of Leeds Teaching Hospital Trust including reducing A&E admissions , early discharge schemes, intermediate care
- Developing a model for urgent care
- Long term conditions management
- Reducing outpatient and follow up activity

Leeds North

The Trust has discussed the key commissioning priorities to be taken forward over the planning period with the Leeds North CCG who have confirmed that their local priorities are:-

- Develop initiatives to reduce elective activity into hospital including introducing advice and guidance for outpatients to avoid a new outpatient referral
- Reduce outpatient follow up activity
- Improved triage arrangements particularly in relation to orthopaedic activity
- Long term condition management
- Extended access to facilities at Wetherby Health Centre
- Engagement with the voluntary sector to support older peoples services

In relation to the West Yorkshire Network the initiatives focus on Stroke Care, Cancer Services, Paediatrics and Urgent Care. The CCGs have confirmed that they will involve the Trust in these discussions, recognising that there will be some impact on the services we provide, particularly across the boundaries between North and West Yorkshire.

Quality concerns

There are no current quality concerns in relation to Care Quality Commission (CQC) or other standards.

In November 2013, the Trust was inspected in the first wave of the new model of CQC inspections of acute hospitals. The inspection report was based on a combination of inspection results, information from the CQC “intelligent monitoring” and information from patients, the public and other organisations.

The overall summary was that Harrogate District Hospital provided care that was safe, effective, caring, responsive and well-led. The hospital was clean and it had systems in place for infection control. There were no actions that the hospital was required to take to improve. There were four areas where it was suggested that the hospital could improve:-

- Review staffing levels in wards, particularly those caring for older people
- Improve pain control in some areas
- Improve do not attempt cardiopulmonary resuscitation (DNACPR) recording at end of life
- Review thresholds for reporting serious incidents

The Trust is progressing work to address each of these areas with a detail action plan developed and submitted to the CQC. The Trust is regularly reviewing and monitoring the action plan to ensure the plan is delivered.

Quality goals for the organisation

Having taken into account the national and local commissioning priorities the views of stakeholders and staff, together with the quality areas identified from the CQC inspection where the hospital could improve, the Trust has identified a series of quality priorities to be taken forward and the plans that need to be implemented if these goals are to be achieved.

The Trust has identified 4 key priorities for quality improvement in 2014/15. These continue into 2015/16 subject to appropriate amendment as necessary:-

1. Reducing morbidity by reducing the number of avoidable healthcare acquired pressure ulcers
2. Reducing harm to patients by increased focus on fluid management, pain control and preventing falls
3. Improving responsiveness to patient need including escalation of concerns and handover/ good continuity of care
4. Improving public health by providing information and education to patients to increase the opportunities for people to self care and make healthy lifestyle choices, particularly relating to reduction of smoking prevalence, misuse of alcohol and obesity

There will be a continued focus on quality improvement in other areas including:-

5. End of life care and high quality communications with patients and families
6. Care of patients with dementia across the health community
7. Hospital discharge and especially delays on the day of discharge
8. Assuring safe staffing levels and transparency of information regarding actual and planned nursing levels

In addition to the Quality Account priorities the Trust is also focused on:-

9. Improving patient experience specifically by maximising the use of feedback via the Friends and Family Test and other mechanisms, and improving the environment and efficient use of resources

Summary of detailed quality plans

The delivery of high quality, safe care to all people who use our services is a key priority to HDFT. The Trust has taken into account the national and local priorities as well as other key quality drivers, such as the Francis Report and the CQC report in relation to Harrogate District Hospital, that need to be taken forward when determining its quality plans for the next two years. The key initiatives that are being progressed over the planning period to which will contribute to the delivery of our quality priorities are detailed below.

<u>Plans for 2014/15</u>

Nursing and Therapy Investment

- **Investment in elderly care**

The Trust is investing additional resources to increase the nurse establishments on the care of the elderly wards. In addition to the nursing support being provided, HDFT has also appointed an additional Consultant in elderly care which has enabled a new service model to be implemented which improves the availability of Consultants over the weekends to ensure that the Trust provides a seven day a week service on a sustainable basis. This will contribute to the delivery of quality priorities 1,2,3,6, 7, 8 and the CQC action plan.

- **One to one care**

The Trust is developing a new model of care for the management of confused patients on the wards. The new initiative focuses on the establishment of an unqualified nurse bank to support the delivery of one to one care to vulnerable patients. This will reduce the need to employ the services of Ensign security which is the arrangement to deliver our strategic aim and quality goals. This new service will enhance the patient and carer experience by providing individualised care for this group of patients. This will contribute to the delivery of quality priorities 1, 2, 3, 6, 9.

- **Therapy investment**

Therapy support has been strengthened in the community with additional investment in the community Fast Response Team. Through this additional resource more patients will be able to be discharged from hospital when appropriate and cared for in their own homes. This will contribute to the delivery of quality priorities 3 and 7.

Medical Staffing extend working hours

The Trust is aware of the need to enhance the medical cover on the wards to ensure the good quality, safe and sustainable services are delivered in the wards. Investment therefore will be made in 2014/15 in the following areas:-

- Introduction of a weekend rota for Junior Doctors on the surgical wards
- Funding for an extra twilight shift for FY1/FY2 staff
- Funding to support additional Consultant ward rounds at weekends
- Implementation of Junior Doctors cover to support the Medical and Elderly Wards
- Clinical skills and simulation training in 2014/15-2015/16

This will contribute to the delivery of quality priorities 2,3,5 and the CQC action plan.

Review of Adult Community services

The Trust is working with the CCG and North Yorkshire County Council to undertake a joint review of adult community services. Whilst each organisation acknowledges that it has individual issues to address, there are also a number of themes that are common to both organisations which would be of benefit to resolve jointly. As a result it has been agreed to work together to review the service with a view to reporting back with recommendations by the end of June 2014. The local authority will also be involved in this review. This will contribute to the delivery of quality priorities 1,2,5,6, and 7.

End of Life Care

HDFT is increasing investment in the palliative care service, enabling the appointment of a palliative care nurse specialist and additional consultant capacity. This will increase the responsiveness of the service and improve access to specialist support within the organisation. This will contribute to the delivery of quality priorities 2,5,7 for Harrogate District Hospital and the CQC action plan.

Delivery of Seven day working standards

The Trust is focussing on the delivery of the NHS England standards for 7 day working, ensuring that it has detailed plans in place during 2014/15 for all specialities, with a specific emphasis during 2014/15 and 2015/16 on delivery of Acute Medicine, General Surgery, Paediatrics and Critical Care. The implementation of the plans will commence in 2014/15 with the extension of the Emergency Department to seven day working from 1 April 2014.

The Trust has already developed its Radiology service in the last year which has extended routine

services to include weekend working, this will be further strengthened over the next two years in support of the diagnostic standard for 7 day working.

In addition, HDFT will develop a plan to meet the standard related to a Multidisciplinary Team assessment for emergency admissions within 14 hours of admission. This will contribute to the delivery of quality priorities 2,3 and 7.

Extend opening hours of the Clinical Assessment Team (CAT)

As part of the wider Urgent Care strategy, the Trust is extending the hours that the Clinical Assessment Team (CAT) will be operational during the week and particularly at weekends. This initiative will enable more patients to have an appropriate medical assessment and speedier access to diagnostics tests without being admitted to hospital. Supporting patients in this way and developing a management plan that patients can follow without being admitted to a hospital bed, will enable them to maintain their confidence and independence. This will contribute to the delivery of quality priorities 3, 7 and 9.

Integration of Urgent Care services

HDFT will develop its plans to implement the Urgent Care strategy that has been developed in conjunction with the HaRD CCG. This will contribute to the delivery of quality priorities 2,3,5 and 9.

Investment in additional Health Visitors

The Trust will continue to roll out the call to action plans in relation to the recruitment of additional health visitors. This will contribute to the delivery of quality priorities 4 and 8.

Investment in Cancer services

- Development of Survivorship Pathways

Using the legacy monies from the Yorkshire Cancer Network, a project group has been established with the CCG to take forward a survivorship strategy for our patients.

This will contribute to the delivery of quality priority 3 and 9.

- Developments in oncology services

The Trust is developing proposals to improve the acute oncology service, the Cancer of Unknown Primary service (CUP) and clinical oncology for urology and lung cancer patients at HDFT through the appointment of an additional oncology consultant. This development will address the key concerns that were raised at the recent Peer Review.

This will contribute to the delivery of quality priorities 3, 5, 7 and 9.

Rapid Process Improvement Workshops

HDFT has made a commitment to building a sustainable culture of innovation and improvement, underpinned by a 5 year Improvement Strategy. It is the ambition of the Trust to move from an organisation which undertakes point improvements to one where improvement methodologies are fully embraced by all staff, leading to services which bring maximum value to our patients.

In order to establish a firm foundation for the implementation of the strategy, the Strategic Implementation Group is the guiding group to support and challenge future innovation and improvement work where necessary. Each member of the group will become a champion for innovation and improvement, and a visible leader of change.

The Trust appreciates the value of utilising an evidence-based improvement methodology to build a consistent approach to the work undertaken, and create a common understanding amongst staff within the Trust. The approach will drive improvements through a number of mechanisms including Rapid Process Improvement Workshops (RPIW), Kaizen Events and individual tools applied purposefully to facilitate improvement.

It will be essential for improvement work to support the delivery of the Trust's business plans, increase efficiency and contribute to a culture of innovation and improvement. In 2014-15 the Trust will develop criteria to select areas for improvement work and develop a rolling programme of targeted intervention which supports the strategic direction of the organisation. It is envisaged that a new cohort of workshop leaders will be trained to deliver RPIWs by 2015 to support the rolling programme and work to empower increasing numbers of staff to lead change in their own teams.

Redesign of acute and community services

In addition to the RPIW strategy the Trust has been undertaking work across both acute and community services to redesign the ways services are delivered. This has included services such as smoking cessation, sexual health, the Emergency department – alcohol intervention programme and Podiatry services. This contributes to the delivery of quality priorities for 7,8 and 9.

Implementation of the Real Time Nursing Observation System

The Trust will be implementing a real time observation and escalation system, enabling nursing and medical staff to use handheld mobile devices to record patient observations in real time at the patient bedside. The software uses observation data to calculate the national early warning score (NEWS), using these scores to alert relevant clinical staff to patients who may be deteriorating, as well as recording when the next observation should be taken. Clinicians will have the ability to review the data from anywhere with access to the hospital network, taking appropriate action where needed.

Expected outcomes and benefits include:-

- Significant improvement in number of completed observations
- Increase in appropriate observations for more complex patients
- Improvement in compliance regarding timeliness of observations completed
- Significant improvement in accuracy of NEWS calculation
- Improvement in escalation and response times
- Reduction in ITU/HDU occupancy as patients are identified earlier for transfer.

The project includes integrating data recorded in the system into the data warehouse, enabling development of reporting suites, automating report generation, further improving information analysis and audit.

This will contribute to the delivery of quality priorities 2 and 3.

Implementation of Electronic Prescribing Medicines Administration (ePMA)

The Trust is an early adopter of electronic prescribing medicines administration (ePMA), successfully implementing across the Acute hospital inpatients wards.

By replacing the main handwritten inpatient medicine charts with system generated charts, the Trust has removed illegible, incomplete or ambiguous prescriptions and recordings by moving to comprehensive real time medication records.

The Trust will be rapidly accelerating the use and accessibility of ePMA across the organisation to increase patient safety opportunities and improve efficiency, as well as to further extend the electronic patient record. The proposal is to extend implementation of ePMA beyond acute inpatient wards to other

key patient areas, including: Emergency Department; Outpatients; Ripon Community Hospital; Lascelles Rehabilitation Unit.

The Trust also proposes to implement several upgrades to ePMA giving us the ability to significantly extend the project in a number of key areas including:-

- One step prescribe and administer, antimicrobial prescribing and stewardship enhancements, a medicines reconciliation module for pharmacists and medical staff, dosage and strength compatibility
- Warfarin and insulin prescribing
- Using Health Level 7 (HL7) messaging to interface ePMA with key systems enabling Integrated Clinical Environment (ICE) reporting, production of electronic discharge letters and discharge prescriptions eliminating transcription error
- Electronically prescribe complex IV and subcutaneous infusions and intravenous medicines
- Implement barcoding across all areas

This will link prescription, reporting and patient, closing elements of the safety loop. This is the first stage of eventually bringing together prescribing, supply, administration and record keeping. Other key benefits will include further improvement in information flow between prescribers, nursing and pharmacy; making the process faster and more accurate; reducing the highest risk and category of drug administration errors through the improvement to the IV infusion process; significant improvement to the patient identification process through use of barcodes; removing dosage calculation errors; and reducing medicines administration errors further by up to 40%.

Additional safety and operational improvements will be achieved as a result of reducing paperwork and storage requirements through further reduction in paper records being added to patient case notes. Optimisation of processes and the increase in visibility of decisions through clinical performance reporting, tracking ward and clinician medicines administration, (who, what, where and when), will also have a positive effect on safety and efficiency, i.e. the ability to instantly track antibiotic prescriptions by ward and clinician will greatly improve pharmacist efficiency. The removal of manual processes and the need to manually audit case notes to ensure compliance with medicines administration will also free up a significant amount of clinician's time.

This will contribute to the delivery of quality priorities 2 and 3.

New Enlarged Cancer Facility (The Sir Robert Ogden Macmillan Cancer Centre)

The new Sir Robert Ogden Macmillan Cancer Centre opened in March 2014 and will improve patient care and patient experience. It will increase the focus on supportive care and help patients 'recover' after treatment. The facility will also provide additional capacity for the repatriation of some chemotherapy services from Leeds The unit provides the following accommodation including Clinic Areas and Counselling Rooms, Supportive Care, a Health & Wellbeing Area and Treatment facilities. This will contribute to the delivery of quality priority 9.

Expansion of phlebotomy services in the community

The Trust has developed a new phlebotomy service that will be provided in the community. Working with a local supermarket retailer, the Trust has been able to secure the use of accommodation which will enable phlebotomy facilities to be readily accessible in the community rather than attending their GP surgery or the hospital. It is anticipated that the new service will commence in June 2014. This will contribute to the delivery of quality priority 9.

Energy

In 2013 HDFT partnered with the Carbon Trust to help develop our carbon management programme. This programme defines Harrogate and District NHS Foundation Trust's carbon management programme of activity for the next 7 years. It focuses on the environmental aspects of our activities have on the local

community, economy and environment, and that we have an important role to play as a good corporate citizen. By improving them – e.g. by cutting carbon emissions and reducing waste – we will also be contributing to wider population health.

Harrogate and District NHS Foundation Trust aims to reduce the carbon emissions from our building energy use, fleet and business travel, waste and water by 30%, from a 2011/12 baseline (which provide appropriate reliable data) by the end of March 2020. A detailed plan is currently being developed which identifies a range of energy saving and waste management projects that will be implemented over the next 6 years. This will contribute to the delivery of quality priority 9.

Rationalisation of the community estate

The Trust is undertaking an exercise to review its community estate, with a view to rationalising the number of sites it occupies and engaging with staff to develop new ways of working. The use of technology in the community is a key enabler to delivering changes in working practice and work will continue to roll out the use of mobile devices in 2014/15.

The review of the community estate has focussed initially on the Harrogate locality and proposals for the reduction in the number of sites utilised in the patch has been agreed. It is proposed now to engage with the Partnerships and Innovation team and staff in the organisation to develop options to introduce changes to the way services are delivered in these locations. This work will continue during 2014/15 and roll out to other localities in 2015/16. This will contribute to the delivery of quality priority 9.

Healthy Ripon

The “Healthy Ripon” project commenced in March 2012, in part as a response to the North Yorkshire Strategic Review, as well as the growing view that Ripon Hospital was increasingly not fit for purpose. A Wellbeing Collaborative was established with partners from North Yorkshire County Council, Harrogate and District NHS Foundation Trust, Harrogate and Rural District CCG, Tees Esk and Wear Valley NHS Foundation Trust, Harrogate Borough Council and local GPs. Initial focus was on small scale steps promoting health initiatives and improving access to existing services.

In March 2013 the collaborative identified the opportunity for a partnership approach to service co-location and delivery as NYCC planned to use an existing site for the development of Extra Care Housing in Ripon. This led to a further event in which a new aspiration and high level concept design for a Community Hub emerged, pulling together Primary Care, supported accommodation, diagnostic and out-patient facilities, social care, rehabilitation, and leisure services.

The Partners wish to enable the transformation of facilities and services in Ripon in an innovative partnership approach that will bring positive benefits to the community and secure and protect services into the future.

Work will continue over the coming months to develop a strategic outline case for the redevelopment of services in Ripon.

Better Care Fund

The North Yorkshire County Council has been leading work with the CCGs and Provider Trusts to look at how health and social care can work more closely together to develop initiatives that deliver new ways of working using the Better Care Fund (BCF).

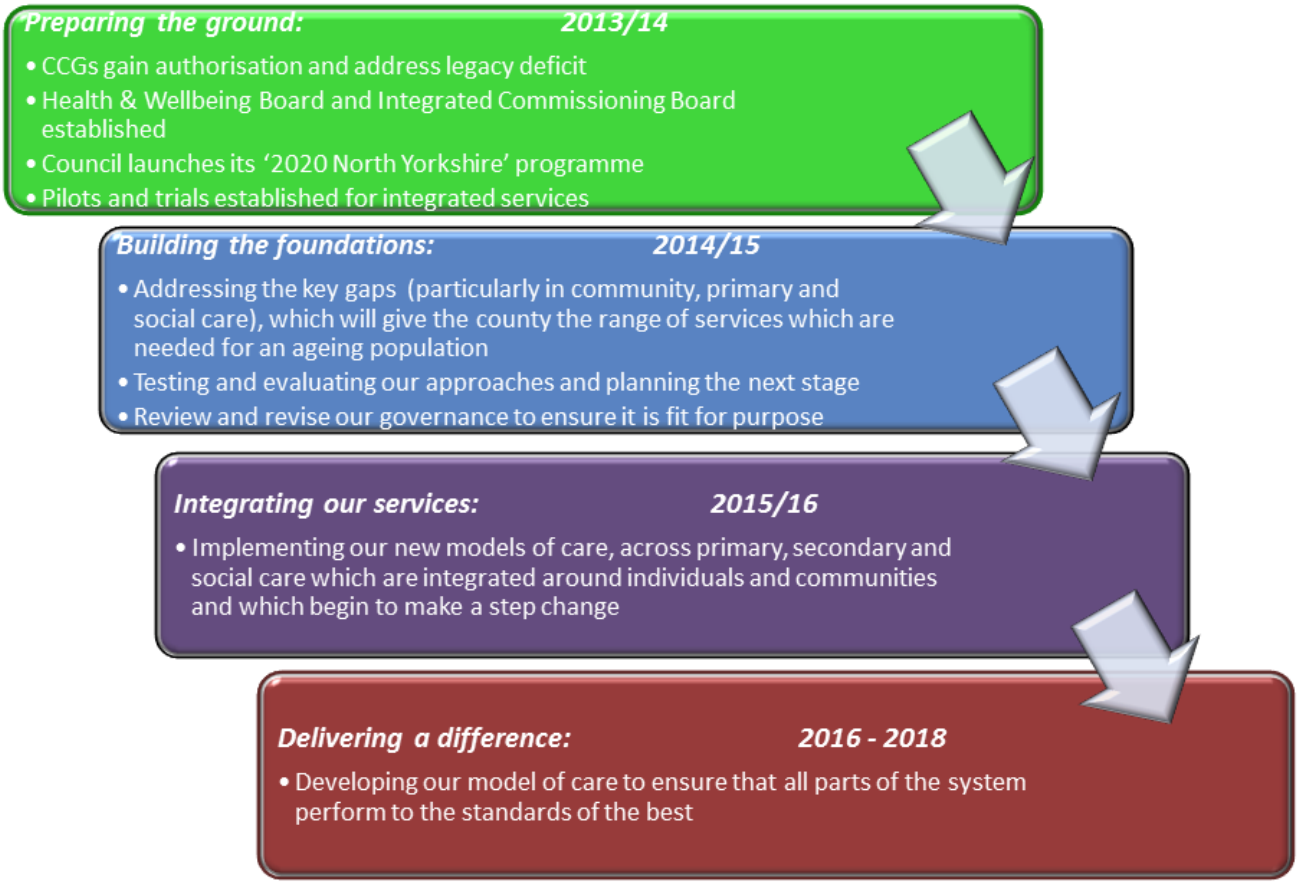
The BCF is providing the impetus for the NHS and local government in the county to set out a shared vision, underpinned by practical actions and joint investment.

The investment identified looks to:-

- Improve self-help and independence for North Yorkshire people;
- Invest in Primary Care and Community Services;
- Create a sustainable system by protecting Adult Social Care and by working with Secondary Care to secure the hospital, mental health and community services needed in North Yorkshire.

Building on work already started, it is intended to take the work forward in three further stages as detailed below:

Staging the journey – towards a
New Era for Health & Social Care in North Yorkshire



Through the Integrated Commissioning Board high level priorities have been identified that will be taken forward over the planning period and agreed by the North Yorkshire Health and Wellbeing Board.

A balance between county-wide and local approaches has been developed and the specific schemes can be summarised under 3 main priority areas of:-

1. Prevention and community resilience to reduce demand for health and social care.
2. Integrated locality services to include multi-agency reablement and intermediate care services and multi-disciplinary case management teams.
3. Programmes of high impact interventions which include falls, mental health, dementia, care home support.

In 2014/15, the Trust will progress with the initiatives agreed as part of the Health & Social Care investment (now earmarked as the Better Care Fund) in relation to the extension of the CAT team and investment in community infrastructure. The Trust will continue to work closely with partner organisations on more detailed BCF planning over the term of the plan and to manage any emerging risks accordingly.

Other Quality Initiatives

Each of the Clinical Directorates has identified a number of specific initiatives that they will be progressing to support the delivery of improvements in the quality of patient care.

Plans for 2015/16

Better Care Fund

As an integrated provider the Trust is ideally positioned to be the lead organisation for the further development of integrated services as the Better Care Fund develops in 2015/16.

Based on the principles set out earlier in the plan, a range of priorities have already been identified that will be taken forward in 2015/16. These initiatives include:-

- Further roll out of the extension the CAT service and developing community infrastructure to support patients closer to home or at home
- Developing Integrated health and social care teams
- Redesigning planned and urgent care pathways to reduce acute bed utilisation
- Dementia care
- Developing services with the Voluntary sector

Through the implementation of these initiatives, the patient's length of stay in hospital will be reduced and their care managed in the community through greater support from community and social care. Work is ongoing at County and locality level to work up detailed proposals for implementation in 2015/16.

Nurse staffing

The Trust will continue to review the ward nursing establishments to ensure that safe standards of care are delivered on the wards. The outcome of the acuity modelling work that is on-going at present will be reviewed in detail and any requirements that are identified from this work will be considered for investment in 2015/16. This will contribute to the delivery of quality priorities 1,2,3,6,7,8 and CQC action plan.

General Surgery

The Trust will progress with the appointment of an 8th General surgeon with a special interest in Benign Colorectal surgery during 2015/16, subject to successfully delivering the increases in activity projected with the appointment of the 7th General surgeon post. The appointment of the 8th Consultant post will present the Trust with the opportunity to review the arrangements for the delivery of the standards in relation to seven day working and the provision of emergency surgery, potentially moving to a surgeon of the day type model, but continuing to provide safe high quality emergency surgery on a sustainable basis. This will contribute to the delivery of quality priorities 3, 7 and CQC action plan.

Paediatrics

Discussions have taken place with the Paediatric Consultants to develop the future model for Paediatrics and options for further consideration and implementation to enable a clinically sustainable model to be provided in the long term. It is proposed to implement the model in two phases. Phase 1 envisages Paediatric Consultants being present in the hospital until 10pm on weekdays, with Phase 2 being cover extended in the future to 6pm at weekends. This will require one additional paediatric consultant to be recruited initially in 2014/15 from the existing resources. The Paediatric Service will be re-aligned to enable this change to be implemented with a second consultant appointment made in the long term as the service expands into Leeds provides greater Child Development Centre capacity.

This will allow HDFT to meet Facing the Future standard 6 relating to consultant presence in the hospital at peak times of activity and it will also allow HDFT to move towards standard 8 regarding the number of consultant paediatricians on the acute rota. Additionally, this option will allow HDFT to increase its

paediatrics market share in North and West Leeds in line with the Trust's strategic objectives. Increasing consultant provision of paediatric services will also support the clinical sustainability of other specialities most notably maternity, with additional support to SCBU and Emergency Department. This will contribute to the delivery of quality priorities 3 and 7.

Energy

Work will continue to roll out the plans agreed with the Carbon Trust to implement a range of energy saving and waste management projects. This will contribute to the delivery of quality priority 9.

Key risks to delivery of Quality Plans

Nature of Risk	Mitigating /control actions
Activity exceeds our bed capacity and the Trust is unable to manage within the agreed bed base Risk to the quality of the care delivered to patients potentially resulting in a rise in complaints, possible SUIs, failure to meet performance standards, increased infection rates	An assessment of the bed capacity required to support the delivery of the projected levels of activity has been undertaken and plans put in place. Escalation plans identified to be implemented over the winter. Regular meetings held to monitor infection rates and action plans agreed and implemented as necessary.
Caring for vulnerable patients on our in-patient wards Risk to the delivery of high quality, prompt and responsive care and patient safety on inpatient wards due to increasing numbers of vulnerable patients requiring high levels of support to minimise risk of harm and ensure other patients care is not compromised and insufficient levels of training for staff in caring for vulnerable patients	Increased staffing levels Registered Nurse (RN) to patient ratio at least 1:8 on all day time shifts. Additional staff requested following risk assessments. Additional nursing staff recruited for winter. Continued involvement in Dementia Collaborative. Challenging behaviour policy produced. Close sickness absence monitoring. Use of bank staff to supplement substantive staff as necessary. Guidelines to determine need/risk for 1:1 care produced and in use. Guidance on mental capacity and mental health. Training policy and Training Needs Assessment (TNA) in place. Responsibility for completing training developed for directorates. Regular ward manager meetings to provide matron support and review of staffing, Movement of respiratory and general medical patients to Granby and establishment of Jervaulx ward as an elderly ward. Granby ward reviewed options agreed to move patients requiring Non Invasive Ventilation (NIV) to Granby to create specialist respiratory unit. Patient contact rounds in place and Matron and Ward Manager rounds further embedded.
Increased acuity of patients in the community Risk to the delivery of high quality care as a result of an increasing number of patients with a number of co morbidities and complex needs being managed in the community	Increased resources being invested in the community e.g. Community Rehabilitation and Fast Response Team. Further initiatives to be implemented over next two years through the Better Care Fund.
Lack of IT infrastructure Risk to the delivery of the quality improvement plan due to lack of	IT Strategy developed. Funding secured through national programme (NHS Technology fund). Trust is continuing to apply for additional funding through this programme. Capital resources included in the Trust Capital Investment

resources to support the roll out of new technology across the organisation	Programme for Information Technology. Rolling programme for investment in future years to support the delivery of the IT strategy being developed.
Caring for patients with Mental Health needs Risk of harm or poor experience to patients, including risk of absconding, due to lack of timely mental health assessments	Development of vulnerable person policy and refresh of missing person policy. RPIW with Tee Esk and Wear Valley around older persons liaison psychiatry and stronger links established with Intensive Home Treatment Team. Close liaison with Child and Adolescent Mental Health Services to mitigate risks associate with admission to a general paediatric ward. Exit ward via a push button. Mental Health Nurse now present in the Emergency Department. Additional investment in short term service provision. Introduction of the Rapid Assessment Interface and Discharge (RAID) model.

Board Assurance

The Trust's governance structure and assurance mechanisms are explicitly designed to ensure safe, high quality care and to give appropriate warning of deterioration in standards or performance to enable early intervention to take place. They enable data, performance metrics, audit results, survey results and inspection reports relating to quality standards to be reviewed by the right people within the organisation. If deficiencies in the quality of care being delivered are identified, improvement plans with additional monitoring and data capture are introduced.

The organisational structure for delivering quality governance was reviewed in detail during 2013, together with a detailed self assessment against Monitor's Quality Governance Assurance Framework and the DH Board Governance Assurance Framework. Action plans were developed following both of these reviews and are being progressed.

Quality is embedded in the Trust's overall strategy. There are structures and processes for agreeing and monitoring progress with appropriate trust-wide quality goals and the Board promotes a quality focused culture throughout the Trust and this is reflected in positive staff survey results. The Board actively engages patients, staff and other key stakeholders on quality, but improvements are being made regarding communication about specific quality objectives and how staff can further contribute to quality improvement.

The risk review process is well established within the organisation. Departmental and directorate risk registers are subject to regular review to enable the Board of Directors to be advised on the principle corporate and strategic risks and the plans in place to reduce or mitigate these. The Trust is aiming to improve the identification of potential risks to quality from new technology.

The Board Assurance Framework details risks to Trust objectives, assurance, controls and evidence of how risks are controlled and/or mitigated. This and the associated action plan are reported to the Board every quarter to ensure awareness of potential risks to quality.

The evidence suggests that the Trust has a high performing Board with the necessary leadership, skills and knowledge to ensure delivery of the quality agenda. There are detailed and dynamic succession plans in place. Both the Chief Executive and Chief Nurse are retiring during 2014 and appointments have been made to both positions.

As examples, during 2013 the Trust had a detailed inspection by the CQC and Harrogate District Hospital was found to provide care that was safe, effective, caring, responsive and well-led, and there were no actions that the hospital was required to take to improve. In addition, the Trust achieved Clinical Negligence Scheme for Trusts (CNST) level 3 for Trusts with acute and community services and Maternity

CNST level 2 during 2013. The process for ensuring implementation of NICE clinical guidelines is being changed to ensure these are effectively being used to assess quality.

There are clear roles and accountabilities in relation to quality governance with clear Board level strategic leadership. The operational elements of quality governance are achieved by the directorate structure and the framework of accountable committees and groups that ensure effective communication from “ward to Board”. The three Clinical Directors attend the Board of Director meetings each month and provide a strong link between the Board and front line multi-disciplinary staff. There are regular Director inspections and patient safety visits, where directors meet and discuss areas of concern with staff at all levels.

The Senior Management Team of the Trust is accountable for the trust wide Quality and Governance Group which has strong representation from both senior staff within the directorates and at corporate level. Each Clinical Directorate has an effective directorate Quality and Governance Group in place. The content of these meetings reflect both local specialty matters, clinical and non-clinical priorities and the continual service improvement led by the Quality of Care teams that are in place across the organisation.

The assurance elements of governance and controls including internal and external audit are provided by the Audit Committee, which is a formally constituted sub-committee of the Board of Directors. The Audit Committee is supported by the Standards Group. This group is responsible for ensuring that recommendations from external reports, audits, visits and regulators including the CQC are met and that data from the Trust to outside agencies is quality assured. The Standards Group also provides assurance to the Directors and Audit Committee in relation to clinical audit. Further focus is to be given to ensure processes are robust and actions are all completed and followed up.

The Board regularly receives dashboards with the most important metrics. The content of these are regularly reviewed and backed up by more granular reports e.g. the Chief Executive report and Chief Nurse report to Board of Directors. These contain details of specific reports and action taken e.g. in relation to the Keogh Report. Further consideration is being given to the approach taken to reviewing wards and department level quality performance information. The quality and safety dashboard has been reviewed and will continue to focus on the clarity and readability of metrics and statistics.

Quality and the Trust work force

Appropriate development of the workforce is fundamental to the achievement of our quality plans, the recommendations of the CQC, 7 day working and the challenges to the delivery of high quality care identified. Staff engagement with quality plans is essential to the success of quality control and quality improvement. The Trust has developed a Quality Improvement Strategy to direct improvement work across the Trust. Our clinical directorates will be leading specific work to support the achievement of the quality improvement priorities. Ownership of quality improvement by front line staff is therefore being encouraged.

The organisation will be focused on continual learning and improvement of patient care. The education and training of staff needs to support this in order that all our staff feel empowered to contribute to quality improvement. Staff feedback is encouraged and actively sought using methods such as Patient Safety Visits and “Ask the Director”, and will be further strengthened using the staff Friends and Family Test.

The Trust achieved Investors in People accreditation in 2010 and is currently in the process of undergoing reaccreditation.

The workforce staffing levels will continue to be monitored against guidance for safe staffing levels, including the evidence based NICE safe staffing of adult wards in acute hospitals guideline when it is published in July 2014. Work to develop seven day working includes a detailed skill mix review, work to develop Reablement Assistants and Advanced Practitioner roles. A pilot of a new model of providing 1:1 nursing support to vulnerable patients with challenging behaviour is being developed.

Recruitment processes have been developed to ensure consideration of values and behaviours of staff,

and further work is underway to assess these during appraisal and to embed appropriate values and behaviours in the organisational culture.

With regard to the National staff survey, HDFT again achieved excellent results for 2013. Over the past five years, the Trust overall staff engagement score has continuously been in the top 20% nationally.

The Trust response to Francis, Berwick and Keogh

The report "A promise to learn – a commitment to act: Improving the Safety of patients in England (2013)" published by the report committee chaired by Don Berwick, makes a series of recommendations for the whole healthcare community in England, aimed at all those from central Government to individual health workers on the front line. Recognising the recommendations, the Board is fully supportive of and engaged with the overarching principles. An example of embedding the recommendations in practice is that the Trust is now sharing reports of serious incidents with all staff and supporting further work to ensure organisational learning.

A detailed assessment against the recommendations of the Francis Report II was carried out and an action plan produced. This was then updated in October 2013 and presented to the Board of Directors. This action plan is led by the Chief Nurse. The assessment was also presented to the Council of Governors at a joint meeting with the Board of Directors to demonstrate the detailed work that had been undertaken in response to the report.

The plan has also been mapped across to the CQC five domains of quality: safe, effective, caring, responsive and well led. Actions already achieved include a review of the complaints process and implementation of changes to support more effective learning from complaints, and values based recruitment. Other actions are being integrated into business plans within each of our clinical directorates.

In response to the "Review into the quality of care and treatment provided by 14 hospital trusts in England" by Sir Bruce Keogh, the Executive Director Team undertook a self assessment against the eight ambitions outlined in the report, highlighting areas of current good practice and work to be undertaken in order to fully comply with the ambitions. The self assessment was presented to the Board in October 2013 alongside the Francis action plan update. A detailed review of mortality data and information has been undertaken, led by the Medical Director. A process to review all deaths in hospital and ensure learning has been established and all junior doctors engaged in this process. A model for clinical sustainability has been developed. This will enable the Trust to redesign its workforce to meet the seven day working standards which will assist with the delivery of the recommendations of the Keogh Report. In addition, clinical alliance and collaboration is established with York Teaching Hospital NHS Foundation Trust, Airedale NHS Foundation Trust and Leeds Teaching Hospitals NHS Trust. This both improves service delivery but also allows cross organisational learning and ensures HDFT is not clinically or managerially isolated.

As part of the Trusts strategy, the services into North and West Leeds are being expanded which will increase the critical mass in key specialities to ensure the sustainability.

Risks to the Delivery of our plans

Nature of Risk	Mitigating /control actions
Failure to recruit sufficient registered nurses Risk to the delivery of high quality care and patient safety due to an inability to recruit all Registered Nurse nursing vacancies on in patient wards leading to breach of staffing ratios if additional escalation beds are required leading to sub optimal care delivery	Recruitment strategy in place, highlighted in CQC action plan. New methods of publicising vacancies being piloted. Monitoring at Board level. Recruitment processes speeded up following RPIW.
Failure to recruit sufficient Community staff with the appropriate skills Risk to the delivery of high quality care and patient safety due to an inability to recruit nursing and therapy staff to support the delivery of care in the community	Recruitment strategy in place. New methods of publicising vacancies being piloted. Monitoring at Board level. Recruitment processes speeded up following RPIW.
Failure to deliver the schemes to be implemented through the Better Care Fund Risk that the schemes identified in the Better Care Fund do not achieve the required outcomes	Membership of Integrated Commissioning Board and locality transformation group to jointly design robust plans. Winter escalation plans to increase bed capacity if necessary. Provider of both community and hospital care.
Failure to deliver the projected levels of activity to the catchment population Risk that the Trust will be unable to deliver the of activity included in the Trust activity plan	Well established monitoring arrangements in place e.g. performance group to review progress against delivery of the plan. Accountability framework. Quarterly review meetings with Clinical Directorates.

1.3.6 Operational requirements and capacity

Capacity modelling

When assessing the future capacity requirements needed over the next two years in the organisation the Trust has taken the following factors into account

- Demographic changes and Health care trends
- Market share
- Future elective and non elective activity plans, taking into account demographic changes and market share
- Impact of Better Care Funding initiatives to enable a shift from acute to provision of care in the community

The Trust has looked at a number of areas when considering its capacity plans for the planning period.

Activity Changes

When assessing the impact of the activity changes, an assessment has been made of the demographic changes and health care trends. Overall the Trust will see demographic growth of 0.8% per year over the planning period. However, when broken down by age group across the Harrogate District population there is a significant increase in the over 65 age group and a decrease in the 0-16 age band. This will have an impact on HDFT which has been built into the plan when undertaking the capacity planning exercise.

The main acute activity changes taking account of demographic changes and trends for all commissioners over the 2 year planning period can be summarised as follows:-

	2014/15	**2015/16**
Outpatients	Increase of 10%	Increase of 3%
Elective admissions	Increase of 8%	Increase of 1%
Non elective admissions	Increase of 2%	Increase of 2%

However, of increasing importance is not simply hospital activity changes but the potential for increasing length of stay due to the prevalence of multi-morbidity and frailty in the cohort of patients showing the greatest growth.

It is this impact, particularly in non-elective activity that the BCF will seek to address to ensure that the Trust can safely provide the hospital element of the patient pathway within current physical capacity.

Physical capacity

Elective and Non elective bed capacity

The Trust has undertaken a review of its bed capacity to establish the future needs of the organisation in the short term (2 years) and the longer term (up to 5 years). The five year plan will be detailed in the main strategic plan, but the short term proposals are identified below.

Year One : 2014/15

In year 1 of the plan, it is considered that the Trust will be able to manage within its existing bed compliment, with a target of no greater than 90% acute bed occupancy for the majority of the year, provided that the initiatives are delivered that have been agreed through the Better Care Funding are effective. This includes agreement to extend the opening hours of the CAT team and the additional resource to the Fast Response Team. These initiatives are estimated to avoid up to 1000 patients being admitted in a full year. In addition, a number of schemes have been developed for implementation by NYCC in conjunction with other stakeholders aimed at reducing admissions and facilitating early discharge by enhancing social care provision. The Trust will work to reduce the length of stay in orthopaedics through the delivery of the enhanced recovery programme and the establishment of the fracture liaison service. Bed utilisation will be closely monitored throughout the year.

Year Two : 2015/16

In 2015/16, the Trust will continue to review its bed capacity to determine the number of beds required.

Outpatients

It is projected that activity levels for outpatients is anticipated to increase by 13 % over the next two years. The Trust's strategy for the last five years has been to develop outreach services for outpatient clinics which has negated the need for additional capacity within the hospital and also enabled patients to be seen closer to their homes in many instances. This strategy has proved to be successful with outreach services being delivered in a number of locations including Ripon, Wetherby, Yeadon, Chapeltown and

Street Lane in Leeds and Airedale. It is the intention of the Trust to continue to expand its outreach services over the next two years, with further outpatient clinics planned to be introduced at Yeadon Health centre for the specialities of gastroenterology and paediatrics. In addition, the Trust is in discussion with Leeds Teaching Hospitals regarding the use of accommodation at Wharfedale Hospital, Otley, which includes outpatient facilities and the Trust is planning to provide clinics in this locality within the next 12 months.

In relation to the outpatient capacity within the hospital, it is anticipated that there will be sufficient clinic capacity available to meet future demand for the next two years. With the building of the new Sir Robert Ogden Macmillan Centre, accommodation on the existing Macmillan Dales Unit will be vacated and it is intended to re-design this unit for use as a medical outpatient/ day facility. Medical outpatient clinics currently undertaken in the main outpatients department will then transfer to the refurbished day unit, thus releasing capacity in the main outpatient department to accommodate additional clinics required in the future.

With the capacity being provided in the community, as well as the changes being implemented in the hospital, the Trust is of the view that it will have sufficient capacity to deliver the projected levels of outpatient activity identified in the two and five year plans.

Theatre Capacity, including day cases

The Trust opened a third day case theatre in 2013/14 to provide additional day case theatre capacity at the District Hospital.

The Trust is of the view that it will have sufficient capacity to deliver the projected levels of day case activity identified in the plan.

Endoscopy

The existing endoscopy unit does not have sufficient capacity to meet the future demands on the service. Feasibility work is currently being undertaken to determine the future capacity requirements. Options for the future provision are being developed and interim plans have been put in place to ensure that the activity can be delivered in the short term. This includes extended opening hours of the existing unit into the evening and on Sundays.

Diagnostics

The Trust provides a range of diagnostic services including MRI, CT, plain film x-ray and Ultrasound scanning. The key areas where there are pressures on the service are principally MRI, CT and Ultrasound.

The Trust is currently upgrading its existing MRI scanner and as part of this scheme a facility to accommodate a mobile unit is being provided. It is intended that once the new scanner is in situ the mobile van will be used on a sessional basis to provide additional capacity as required. The provision of a second scanner will be planned as part of the five year capital plan. In addition, the Trust also has arrangements with Eccleshill Diagnostic and Treatment Centre, Bradford and Leeds Teaching Hospitals NHS Trust to use scanning facilities for ultrasound, MRI and CT as part of Service Level Agreements. This provides additional capacity for Leeds patients thus reducing the need for them to travel to Harrogate for their diagnostic tests.

With regard to CT capacity the Trust is planning to upgrade the existing gamma camera and replace it with a unit which can also be used as a second CT scanner to enable the provision of scanning of the head. This will provide additional capacity in the short term and enable plans to be developed for a permanent second scanner to be provided on site.

In relation to ultrasound capacity, discussion will continue regarding the use of outreach services with a

view to providing additional ultrasound capacity on site in the longer term as part of discussion with the Radiology department regarding their long term requirements for the department.

Community Capacity

Adult community services

The Trust recognises the strategic importance of developing its community services and the pivotal role they play in enabling patients to be safely managed in the community or at home. The Trust has invested funds to extend the Community and Fast Response Teams to support people in the community. In addition, funding has also been identified to continue to roll out the use of telehealth.

A review of community services is currently underway and an extensive transformation programme to achieve greater integration across acute and community elements of care, as well as heath and social care integration is likely to follow. This will be predicted on quality benefits for service users and whole system sustainability over the long term.

Ripon Community Hospital

Over the two year planning period the Trust will also explore, in conjunction with the HaRD CCG and NHS Property Services, the options to develop a long term strategic plan for the provision of health care services in Ripon. In the meantime the Trust will continue to ensure that the bed base at Ripon Community Hospital is used effectively and efficiently whilst these plans are agreed.

Workforce capacity

In order to deliver the activity described above, capacity within the workforce needs to be expanded. Detailed plans for investment in this capacity have been developed and are reflected in the financial templates. These are summarised below:-

- ***Gastroenterology***
  - Additional consultant capacity, initially on a locum basis to allow for flexibility, and associated support.
  - Additional nursing capacity, including a Nurse Endoscopist.

- ***Dermatology***
  - Advanced nurse practitioners and additional nursing.

- ***General Surgery***
  - Additional Consultant General Surgeon, with associated support.
  - Increased theatre staffing
  - Increases in consultant time for existing consultants.

- ***Ophthalmology***
  - Changes in staffing case mix from medical staff to Orthoptists and Optometrists.
  - Increase in support staffing

In addition, staffing in supporting areas related to additional activity, such as Pathology and Radiology has also been reviewed and invested in where necessary.

The Trust will be working closely with the Local Education and Training Boards (LETB) to ensure that education and training commissioning plans accurately reflect the workforce needs of the transformed landscape.

1.3.4 Productivity, efficiency and CIP

CIP governance

The Trust has a track record of delivering CIP, as demonstrated by the Trust's financial performance over several years. The same methodology for identification and delivery of CIPs has successfully been in place over a long period of time and this was strengthened during 2012/13 by the creation of a central Efficiency Group. This group, chaired by the Finance Director and with representation from all Clinical Directorates and Corporate Directorate, is accountable to the Strategic Implementation Group (chaired by the Chief Executive). The role of the Efficiency Group is to identify and monitor delivery of CIP schemes that are cross Trust and require coordination between Directorates. The savings generated are shared between Directorates once validated. Directorates therefore work both individually to deliver their efficiency programme and also in partnership with others where this has been identified as the most effective mechanism for achievement.

The Finance Director, through formal structures set out in the Accountability Framework, is responsible for ensuring Directorate plans are agreed and delivered. Regular cross Directorate meetings with devolved Finance Managers ensure that larger efficiency schemes are co-ordinated. For specific cross Trust transformational projects, such as a ward reconfiguration, a project group drawn from Directorates and led by an Executive Director is responsible for ensuring delivery of plans.

Detailed plans are agreed at Directorate level before the start of the planning period and the risk assessed as high, medium or low risk of delivery. These plans are signed off by the Board of Directors following assessment at Directorate Quality, Finance and Performance meetings, where the quality and performance impact of all schemes is considered. On a monthly basis, Directorates report against the delivery of each scheme and these form part of the monthly finance report to the Board of Directors where progress, risk and actions are discussed. A finance group with non-executive involvement is also in place to oversee delivery of the financial plan and this includes CIP delivery.

CIP profile

There are a large number of CIP schemes in place to deliver the assessed efficiency requirement. In addition, there are revenue generation schemes, particularly in relation to delivering additional activity at marginal cost. In terms of CIP schemes, the traditional, incremental efficiency schemes are outlined in the table below but include in particular procurement savings (drug and other non pay), locum staff cost savings, corporate staff savings, energy savings and a wide range of individual schemes that our clinical and corporate directorates have developed.

In relation to transformational schemes a number of projects are underway or planned for the period of the plan. These are detailed below but include pathology managed services, community estate rationalisation and the use of mobile working technology, 1:1 care provision, orthopaedic length of stay reductions, energy efficiency and schemes linked to the Better Care Fund.

The Better Care Fund schemes for both 2014/15 and more significantly for 2015/16 relate to investment in health and social care services to improve the efficiency of the health system. As a provider of both hospital and community services, discussions have been held with commissioners to use the fund alongside resources currently being spent on urgent care within both the acute and community contract as well as the 70% tariff funding available. This would ensure that the financial implications of using resources across the whole pathway do not disincentivise HDFT as a provider of care and will allow greater cost efficiency across the whole system.

The Better Care Fund principles are to use the resources to manage the growth in activity in hospital that would occur through demographic pressure. Our transformational CIP therefore is a reduction in the cost that we would have invested in additional hospital capacity. This approach – and not an absolute reduction in non elective activity - will be reviewed as the Better Care Fund rolls out and the implications on physical capacity assessed annually.

Traditional CIP – excluding revenue generating schemes

Scheme	2014/15 £m	2015/16 £m
Procurement savings	0.6	0.6
Corporate cost reduction	0.5	0.2
Medical staffing	0.6	0.6
Energy savings	0.2	0.0
Directorate programme	4.8	3.5
Total	**6.7**	**4.9**

Transformational CIP – including BCF plans

Scheme	2014/15 £m	2015/16 £m
1:1 care provision	0.1	0.0
Energy efficiency	0.0	0.3
Community estate rationalisation and mobile working technology	0.1	0.2
Orthopaedic length of stay	0.0	0.3
Pathology managed services	0.2	0.0
Better Care Fund – community infrastructure / CAT extension	0.5	0.5
Directorate transformation programmes	1.8	2.1
Total	**2.7**	**3.4**

CIP enablers

The Trust management structure consists of three Clinical Directorates and a Corporate Directorate. Each of the Directorate has a CIP target for delivery. The three Clinical Directorates are led by clinicians together with professional managers and this senior management team leads the identification of CIP schemes. As a result, the Clinical Director is involved in the identification of CIP schemes from the earliest stages. In addition, all CIPs are discussed with the relevant budget holder, who is often a clinician, depending on the service.

The CIP schemes are put through a challenge process with the Finance Director as they are developed, prior to a Quality Impact Assessment as outlined below.

The process for identifying, delivering and monitoring CIPs is on-going throughout the year, but the agreement of each Directorates efficiency programme is a key task, which is addressed as part of the development of the Trust's overall Business Plan.

Quality Impact of CIPs

Assessing the impact of CIPs on the quality of care provided is initially undertaken early in the planning process, when Clinical Directorate Boards generate potential efficiency saving proposals. The Clinical Directorate Boards include a strong clinical membership and proposals are filtered against the need to maintain quality before being proposed as schemes to progress further. CIP plans from Directorates are then shared and challenged by the Trust-wide planning group and are also debated through the business plan review meetings where the Executive Director team meet with the Clinical Directorate management team.

Following the development of proposals into firm CIP plans, the Directorates undertake their own quality

impact assessment, with each scheme assessed and risk scored against the criteria of patient outcomes, patient experience and patient safety. These assessments are signed off by the Clinical Director and submitted to the Chief Nurse and Medical Director for further challenge and scrutiny. The Chief Nurse and Medical Director then sign off the CIP plans of each Directorate once they are satisfied that there is no impact on quality.

The next stage in the process is the sharing of the risk assessed and approved CIP plans with the local CCG so that they can also gain assurance in relation to the quality impact of efficiency schemes. The final step is the submission of the CIP plans to the Board of Directors as part of the Annual Plan for the year that is then approved before submission to Monitor each year.

During the year, the CIP schemes are reviewed each month as part of the Performance and Finance meetings which are a key part of the Trust's accountability arrangements. Each quarter, the delivery of the business plan of each Directorate is reviewed by the full Executive Director Team with the Directorate Senior Management Team to assess progress and hold individual Directorates to account for delivery. The monthly and quarterly reviews also form a part of the monthly Board report prepared by the Finance Director.

Financial Assessment

The Trust recognises the financial challenges across the NHS, in particular on providers who need to deliver an ongoing efficiency improvement of around 5% year on year. The Operational Plan outlines the actions we are taking, in particular the opportunity as an integrated provider of hospital and community services to redesign care pathways to improve quality and efficiency and reduce the income risk to the Trust.

Income

The principal drivers of income across the two year planning period relate to demographic growth for the local population of HaRD CCG, expansion in relation to new treatments (particularly in relation to diagnostic activity linked to screening programmes), and further growth of secondary care activity for the population of Leeds North CCG and Leeds West CCG. This ‘activity increase in line with trend and developments’ is in line with our strategic direction and is a continuation of the work we have undertaken over the past five years. In relation to community services income, the plan (in line with Commissioner expectations) includes reinvestment of the tariff deflator into the cost pressures being experienced within community services. A reduction in income and cost has been included within the plan following the closure of Northallerton prison in 2013/14 where we had previously provided prison health services.

The tariff for 2014/15 has been fully incorporated within the plan and tariff reduction of 1.1% for 2015/16 has been assumed. This assumption is consistent with a cost pressure expectation of 2.9% and an associated efficiency requirement of 4%.

The growth in activity for Leeds is an agreed strategy with both commissioners in Leeds and also importantly Leeds Teaching Hospitals NHS Trust. Outreach clinics are established in Wetherby, Street Lane (Roundhay) and Yeadon, in particular to deliver orthopaedic, general surgery, urology and maternity services.

For year 2 of the plan, the impact of the changes to maternity services at Friarage Hospital, Northallerton will begin, with the expectation that 200 births per year will transfer from Northallerton to Harrogate. This change follows a wide ranging consultation and was a part of the North Yorkshire Review undertaken by KPMG in 2012/13.

Further discussions in relation to investment from the BCF are ongoing and will potentially result in a shift in income from the acute element of our contract to the community services element of our contract. As a provider of both acute and community services, the income impact of the BCF will not be significant in 2014/15, but further discussions are needed to assess the impact in 2015/16 of the potential further transfer of CCG health resource to social services.

In terms of the BCF, the proposed recurrent investment into HDFT is £1.5m. Until detailed plans are agreed and KPIs signed off, this investment and corresponding transfer of income from the acute to the community element of the contract has not been transacted in the plan. For 2015/16, no further BCF investment has been agreed or assumed. There remain significant uncommitted funds within the BCF plan agreed by the Health and Wellbeing Board (over £9m across North Yorkshire) and discussions are continuing at both a County and locality level to develop detailed proposals.

The planned level of income has not been agreed with HaRD CCG. The community element of HaRD income has been agreed in principle although at present no additional Better Care Funding income has been included, as stated above. This is a prudent assumption. The acute contract income level has not been agreed with a current difference of £4.3m. This difference relates to:

- Pricing assessment (move the CAT service to national tariff and updating local tariffs to reflect reference costs and ensure consistency with prices charged for other commissioners) - £1.2m
- CCG QiPP - £1.5m
- Activity growth - £1.6m

The pricing assessment reflects the fact that there is now no longer historic debt within North Yorkshire which we had recognised in the level of local prices previously charged to the commissioners in North Yorkshire. In particular there is a requirement to use the national tariff for our CAT service, rather than a discounted local tariff.

The risk to planned income relates to:

- CCG QiPP programme
- Delivering activity levels planned for Leeds
- Potential tendering of community services in 2015/16

These risks are mitigated in a number of ways. These include working with the CCG to agree schemes that include the investment of Better Care Funding to deliver a reduction in growth in non-elective activity. This would switch income from the acute contract to the community contract and would be targeted at reducing non elective activity for which we only receive 30% funding. Our plan is also prudent in that we have not assumed any reinvestment of either the 70% emergency tariff income or the readmissions income that is retained by the CCG. This equates to around £3.5m which has previously been used to offset the North Yorkshire commissioners' financial position but is now available to the CCG as historic debt has been paid off and a surplus generated. We are discussing with the CCG the plan for reinvesting this funding but this has not been assumed within our financial plans and it is expected that this funding will allow the current contracting gap (including QiPP assumptions) of £4.3m to be closed. In relation to the Leeds activity, we have a Memorandum of Understanding with LTHT, we have commissioner support, and we have premises available to deliver the work. Internally, our Directorate Management Teams are committed to delivering the plans, and at an operational level these plans will be managed robustly throughout the planning period.

In terms of community services, the local CCG are committed to supporting the continuation of local services from HDFT wherever possible. In addition, in relation to children's services, we have a good relationship with North Yorkshire County Council and we will be in a strong position to retain this contract when it is tendered by them with effect from October 2015. The GP out of hours service for Vale of York CCG will be tendered from April 2015.

There is no assumption in the income plan that contractual penalties or fines will be incurred. We have a strong history of delivering high levels of performance and have not incurred fines previously. The local CCG also recognises our high level of performance and is not anticipating the need for the use of contractual levers in this area.

In terms of non-recurrent income received in 2013/14, the Trust received winter pressures funding of

£0.6m to help mitigate the additional cost of staffing capacity over the winter period. No assumption has been made regarding receipt of winter funding going forward.

The underlying surplus included within both years of the operational plan is £1.7m, with a contribution to capital from donated income from 2014/15 of £0.6m. Charitable funds income and expenditure has been consolidated within the Trust accounts and we have appointed a fundraiser to increase the level of charitable donations to the Trust.

Cost

The key cost driver within the Trust is staffing costs. In terms of planning for the next 2 years a number of costs have been included, namely the pay award for staff of 1% or incremental progression each year, the pensions costs increase in 2015/16, and the cost of covering sickness, maternity leave and gaps on our clinical rotas. As part of the efficiency programme we have entered into a neutral vendor agreement to reduce the cost of locum cover, and we are targeting a further reduction in the cost of sickness absence. Further investment into staff is included within the plan to deliver our strategic priorities, in particular to strengthen our inpatient ward establishments. In addition, we are investing in a pool of care support workers to provide 1:1 care for patients in need, which will enhance the quality of care provided and reduce the cost of employing agency staff on an ad hoc basis.

The impact of delivering additional activity, particularly in relation to the Leeds catchment population, has been factored into the plan with £1.9m infrastructure funding for 2014/15 and £1.5m for 2015/16. These marginal costs have been assessed at specialty level with a planned contribution of 50% targeted.

In relation to non-pay, inflation has been assessed at 2.5% across the Trust, with funding specifically targeted at energy costs and drug costs.

Information in relation to the cost improvement programme is contained earlier within this document.

Capital

HDFT has undertaken a major capital programme over the last 12 months with the completion of the Sir Robert Ogden Macmillan Centre.

The Trust recognises however that in order to meet its strategic objectives further capital investment will be required over the next two years to provide increased capacity and improve the infrastructure in the community and at the District Hospital. As a result discussions have taken place with the Clinical Directorates to determine the future estates strategy and the key capital developments that need to be progressed over the two year planning period. The capital projects to be undertaken can be summarised as follows:-

Community Developments

Capital Scheme	Total scheme cost £	Contribution to plan	Timescale
Upgrading of dental suites across North Yorkshire	0.65	Improve quality and physical environment	2014/15
Review of community estate with a view to rationalising the number of properties occupied across the Harrogate Locality and pan North Yorkshire	Potential savings to be agreed as properties to vacate are identified	Improve quality physical environment and efficient use of resources	2014/15- 15/16

Ripon Community Hospital adaptations to the existing building	Subject to development of business case in conjunction with CCG and NHS PS	Improve quality and physical environment	To be agreed

Harrogate District Hospital

Capital Scheme	Total scheme cost £	Contribution to plan	Timescale
Replacement of existing MRI scanner	1.5m	Support deliver of additional activity	2014/15
Adaptations to the existing Macmillan Dales Unit	400k	Improve physical accommodation	2014/15
Adaptations to the existing maternity unit	475k	Improve quality and physical environment	2014/15
Centralisation of decontamination facilities	1.7m	Improve quality and physical environment	2014/15- 15/16
Provision of additional endoscopy capacity	3.5m	Improve quality and support additional activity	2015/16 – 16/17
Trust wide infrastructure	250k year one, years two and three to be agreed	Improve physical accommodation	2014-2017

Information Technology

The key deliverable for IT over the next two years is the implementation of an Electronic Patient Record (EPR). This is a key national requirement to be delivered by 2016, with implementation underway by 2014. Introducing a clinical solution that delivers real-time information is a fundamental part of the Trust's IM&T Strategy. The Secretary of State and NHS England have set the NHS a further challenge of being paperless by 2018.

The national financial position in the NHS will continue to be challenging over the coming years and therefore it is vital that we focus on ensuring the key requirements identified in the strategy progress in a timely manner.

Our plans consist of a robust scalable IT infrastructure that delivers information where staff need it; robust governance arrangements; high quality information management; training and development of IT skills in staff; efficient project management and procurement; and collaborative working with other NHS organisations.

The involvement of staff in developing the strategy has been key to identifying the requirements for the service. This is also the start of the significant change management process which will be required to deliver the outcomes, as staff engagement will ensure success.

The Trust has been successful in securing funding from the Safer Hospitals, Safer Wards NHS Technology Fund, with capitals funds to the value of £1.2m allocated. This has enabled us to implement two key projects in 2014/15. These are enabling the rapid acceleration of electronic prescribing across the organisation and the implementation of a vital signs monitoring system.

In addition to these two major projects, in the next 12 months we will be also be upgrading a number of legacy systems including the Radiology Information System (RIS) and the Endoscopy System Scribe. The Trust has built up a technical infrastructure that supports digital imaging across the corporate network, mobile working via Wi-Fi on the HDH site and also at a small number of community premises. This will need to be extended across all sites with additional infrastructure over the next five years but is a firm foundation to build on.

Further extended use of mobile working across the hospital site will need to continue in parallel to community service mobile working implementation and rollout. Close working with the Clinical Directorates regarding change management will be critical to ensure this is combined with change in working practice to deliver benefits.

Capital Programme Funding

The investment programme is largely funded by internal resources (depreciation and surplus). The centralisation of decontamination is planned to be funded through borrowing, and the endoscopy scheme financing will be assessed over the next 12 months. In addition, as referred to earlier, the Trust will be utilising the Carbon Energy Fund as part of the energy efficiency programme over the planning period.

Liquidity

The Trust manages liquidity proactively on a weekly and monthly basis. The new commissioning arrangements from 2013/14 have increased the liquidity challenge by around £2 million, and significant work has been undertaken with our local commissioners to ensure that a positive and responsive relationship is in place to mitigate any liquidity challenges emerging through extended payment timescales.

The Trust is planning to improve the liquidity position over the 2 years of the plan by utilising alternative funding arrangements (the Carbon Energy Fund for example), delivering a surplus and prioritising the capital investment funded internally.

The cash profile is planned as follows:-

	2014/15				2015/16			
	Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
Cash Balance	£5.0m	£3.9m	£5.1m	£5.0m	£6.9m	£6.4m	£7.3m	£8.9m

Risk ratings

The Continuity of Services (CoS) ratings over the 2 year plan are:-

	2014/15				2015/16			
	Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
CoS	**3**	**4**	**4**	**4**	**4**	**4**	**4**	**4**

The Q1 rating in 2014/15 is driven by the income phasing and the internal cash required to deliver capital schemes that are ongoing. The rating improves throughout the planning period, in particular as the liquidity position improves.

Downside risks and mitigations

The key variables that have been modelled as part of the operational planning process are activity delivery (including the impact of the BCF), loss of elements of community service, CIP delivery, tariff changes, and excess staffing costs.

For 2014/15, the tariff deflator is known, as is the cost of the pay award. The downside staffing risk relates to increase sickness absence and cost of locums and is assessed as spending an additional £0.5m above plan. Other downside risks for 2014/15 have been assessed as follows – CIP delivery risk (£1.1m) and activity contribution shortfall (£1.0m).

For 2015/16, similar downside risks have been assessed along with a further risk in relation to loss of elements of community services and a risk in relation to tariff and pay award assumptions (0.5% increase in the differential between inflationary cost pressures and tariff settlement, resulting in cost of £0.8m).

Mitigations against the 2014/15 downside risk of £2.6m are:

- Uncommitted contingency within the plan (£1.6m)
- Pay contingency within the plan (£0.6m)
- Slippage on service developments (£0.2m)
- Slippage on infrastructure investment (£0.2m)
- Reduction in surplus and associated capital programme slippage (£1.0m)

In terms of 2015/16, similar mitigations are available (contingencies within the plan, slippage on investment, and flexibility in relation to the capital programme and surplus). In addition, the capital programme for 2015/16 and the use of alternative funding sources where appropriate to do so result in a planned improvement of the Trust's cash position. This planning approach provides additional mitigation against downside risks in 2015/16.

Plan comparison tool

The 'plan comparison tool' is attached and explanations given where appropriate.

1.4 Appendices: commercial or other confidential matters

The Trust does not have any commercial or other confidential matters.