

You matter most

Summary Strategic Plan 2014-19

June 2014
Final



Glossary of Terms

AFT – Airedale NHS Foundation Trust
AQP – Any Qualified Provider
BCF – Better Care Fund
CAT – Clinical Assessment Team
CCG – Clinical Commissioning Group
COPD - Chronic Obstructive Pulmonary Disease
CQC – Care Quality Commission
CT - Computerised Tomography
ED – Emergency Department
ENP – Emergency Nurse Practitioner
ENT – Ear, Nose and Throat
EPR – Electronic Patient Record
GP – General Practitioner
GUM – Genito Urinary Medicine
HaRD – Harrogate and Rural District
HDFT – Harrogate and District NHS Foundation Trust
HDH – Harrogate District Hospital
HDU – High Dependency Unit
HED - Healthcare Evaluation Data
HSMR - Hospital Standardised Mortality Ratio
ITU – Intensive Therapy Unit
KPI – Key Performance Indicator
LETB – Local Education and Training Boards
LHE – Local Health Economy
LOS – Length Of Stay
LTHT – Leeds Teaching Hospitals NHS Trust
MDT – Multi Disciplinary Team
MOU – Memorandum Of Understanding
MRI - Magnetic Resonance Imaging
NHSIQ – NHS Improving Quality
NHSPS – NHS Property Services
NYCC – North Yorkshire County Council
QIPP – Quality Improvement Plans
RIS – Radiology Information System
RSS – Referral Support Service

SCBU – Special Care Baby Unit

SHMI - Summary Hospital-level Mortality Indicator

SWOT – Strengths, Weaknesses, Opportunities and Threats

TCS – Transfer of Community Services

UCH – Urgent Care Hub

WTE – Whole Time Equivalent

YTHFT – York Teaching Hospitals NHS Foundation Trust

1. Introduction

The Strategic Plan for HDFT covering the five year period from 2014/15 to 2018/19 provides a comprehensive summary of the Foundation Trust's strategy, the analysis that underpins the strategic direction for the organisation and the plans that will be taken forward over the planning period to deliver our strategic objectives. It builds on the plans already developed in the two year operational plan and sets out the future challenges facing the Trust and the wider health economy, the options available to address the identified challenges and the key service line strategic plans to be taken forward over the planning period.

2. Overview

Harrogate and District NHS Foundation Trust is an integrated provider of Hospital and Community Services and considered to be a high quality and high performing organisation.

The Trust is the principal provider of hospital services to the population of Harrogate and Rural District which includes Ripon, Knaresborough, Boroughbridge and Pateley Bridge and North East and West Leeds which includes Wetherby, Otley and Yeadon. The catchment population for the Harrogate District is approximately 200,000. This catchment population continues to increase to around 220,000 as more services are provided to North and West Leeds. In addition, the organisation now also serves a wider population, including Harrogate and Rural District, of around 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 Childrens 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, including Older People and Vulnerable Adults services, Specialist Community Services, Children and Family Services, Minor Injury Units and Walk In Centres Services, GP Out of Hours Services, 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.

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 York or Leeds.

The range of hospital services that are provided in partnership with York Teaching Hospitals NHS Foundation Trust (YTHFT) 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*, (*Service managed by YHFT, but provided in facilities on the Harrogate District Hospital (HDH) site.)

In addition, HDFT has a number of established clinical links with Leeds Teaching Hospitals Trust (LTHT). These include Coronary Heart Disease, Neurology, Plastic Surgery, Specialist Paediatrics and access to specialist Cancer Services. Links have also been strengthened with the Leeds CCGs, with the Trust providing outpatient clinics for ENT services at

Chapelton 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.

Clinical alliances with Airedale NHS Foundation Trust (AFT) 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.

3. Strategic Vision

The Trust has reviewed its strategic vision and objectives as part of the development of the 2014/15 operational plan. A series of workshops and 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.
- Continue to expand our secondary care services into 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 primarily focus on the opportunities for vertical integration, but will also consider to developing horizontal integration, involving both health and social care services should the opportunity arise.

Our strategy is therefore clearly in line with the commissioning intentions of our main commissioners (Harrogate and Rural District and Leeds North and West CCGs and North Yorkshire County Council) 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.

4. Market Analysis and Context

As indicated earlier, the catchment area for HDFT is usually described as approximately 200,000 which includes Harrogate and District, Wetherby locality and Otley. However, the catchment population is approximately 220,000 for most acute services and rises to 600,000

for elective orthopaedics. In addition, the Trust also provides community services to the Harrogate locality and across North Yorkshire which has a total population of over 600,000. Consideration has been given to the likely changes in the demography of the area up to 2019/20 in order to assess the potential changes in the health care needs of the local population.

Based on this assessment the 0-16 age group is increasing, although the 16-64 age group is declining. The most marked increase however is in the 70+ with the most significant increase within this banding being in the 85-89 age group. The Local Health Economy recognises the challenges this demographic change will have on services and is working together to determine the way these are delivered in the future. Working with health and social care commissioners, the Trust recognises that we will need to work in a more integrated way, supporting patients in their own homes, as well as in hospital. The changing local demographic profile will principally have an impact on the following specialties: -

- Community services
- Elderly Care
- Maternity and Paediatrics
- Diagnostics

Community Services

The Trust is undertaking a joint piece of work with HaRD CCG to review its adult community services to ensure they are fit for purpose going forward. The outcome of the review will ensure the services can support the changes that will be required as more people are cared for in their own homes, many of whom will have long term conditions such as diabetes, COPD and dementia.

Elderly Care

Older people admitted to hospital typically have multiple morbidities and longer lengths of stay. Predicated demographic changes therefore have potential to increase overall length of stay and the need for acute beds unless current models of care are transformed to enable reduced reliance on acute beds. When determining the future bed capacity required these factors have been considered and are detailed later in the plan. The plan also identifies the changes that will be required to adult community services to ensure that patients can be cared for in the community, as part of the shift from acute to community care provision.

The effect of these changes on the health needs of the local population is also likely to result in an increase in the demand on specialties such as Orthopaedics, Ophthalmology and Cancer services due to the demographic profile.

Maternity and Paediatrics

Whilst the birth rate in the Harrogate is not likely to increase, the Trust is aware that the recent changes at the Friarage Hospital in Northallerton, with the unit becoming a midwifery led maternity facility, mean that it is likely that women living to the south of Northallerton may choose to access maternity and paediatric services at Harrogate. In developing the strategic plan the Trust has assumed an increase in the number of births in Harrogate from this area. The modelling undertaken by the Hambleton and Richmondshire CCG, as part of their consultation about the changing provision of care at the Friarage hospital in Northallerton, indicated that around 100 births would transfer to HDFT. We have assumed this increase as part of our plan.

Diagnostics

The increasing ageing population will also have an impact on the requirements for diagnostic services, particularly with the demand for tests associated with the screening programmes that are being rolled out over the planning period. Recent AQP specifications in the West Leeds and Bradford District areas suggest a growth of 15% per annum.

Strategic options

Options analysis

Urgent Care

Preferred Option: Collaboration with Commissioner and Provider organisations to deliver transformational change

In developing the model for urgent care the focus has been on Collaboration with Commissioners to develop an urgent care model that would see existing services co-located and coordinated, addressing the problems associated with the current fragmented service provision.

An Urgent Care Board has been established with representatives from across the health and social care to oversee a transformational redesign programme that ensures the health and social care economy delivers high quality, cost effective care services for the local population, with each patient being seen in a timely manner by the most appropriate clinician to meet their needs. We acknowledge the recent document from NHS England regarding the establishment of an Operational Resilience Group. This group will include the working of the Urgent Care Board. The development of an urgent care centre in HDFT would see existing services collocated and co-ordinated. Patients would still be able to access their GP practice for urgent and non-urgent care, as this is the first place that most people attend when they have a health problem. This would support the co-location of community-based urgent care services in a co-ordinated Urgent Care Centre which is in line with the recommendations of the Keogh report. The objectives of the national review reflect the local strategic direction and vision for the development of a fully integrated primary and secondary care urgent care model delivered from an Urgent Care Hub (UCH) based on the HDH site. There will be a single point of access incorporating NHS111.

The Trust is fully committed to working with Commissioners to deliver this model of care. It has already implemented the introduction of a six whole time equivalent (WTE) consultant model for ED that provides consultant clinical cover from 8am to 8pm Monday to Friday, with six hours of clinical cover on Saturday, Sunday and Bank holidays. There is a full consultant on call service outside these core hours.

The Trust also acknowledges that the current arrangement of employing locum doctors is not sustainable in the longer term. The Trust has therefore implemented its own internal training programme to develop Trust doctors into specialty doctors in the future.

HDFT recognises that there is also a need to review nursing and support staff workforce to ensure sustainability to support the medical staff in the department and this work has already commenced. Having the most appropriate skilled nursing/practitioner workforce will enable a clinically sustainable urgent care model. This will include reviewing the role of nursing staff, Emergency Nurse Practitioners (ENP), Senior Urgent Care Practitioners and support staff amongst others.

There has been an expansion in the nursing workforce to enable a fully functioning and robust ENP service provided from 8am to 10pm. There will also be a further review of the ED nursing workforce in relation to the role and function of band 5, 6 and 7 nurses, ENPs and Senior Urgent Care Practitioners.

In 2014/15, work will begin to enable co-location and integration of the Clinical Assessment Team (CAT), with the ED service to allow acute medical cases to be managed by our Acute Medicine Physicians working alongside the Emergency Medicine Consultants. This will enable quicker access to appropriate care, in particular diagnostics.

Within the five year planning period, the Trust will work closely with HaRD CCG to progress the scheme to create the new urgent care centre at the District Hospital, with a view to work commencing on site for the new urgent care centre in 2018/19.

Maternity

Preferred Option: Expansion of services

In relation to Maternity services, HDFT is actively pursuing the option for expansion by increasing its market share into North Leeds, the Wharfe Valley and South of Northallerton.

The North Yorkshire Clinical Services Review in 2013/14 concluded that there should continue to be Consultant led maternity services at Harrogate, York and Scarborough. Following the outcome of the review the Trust has proactively engaged with commissioners in Leeds to develop a strategy of expansion, particularly in the Yeadon area. In relation to the future service model, the Trust is actively looking to expand services into North and West Leeds and also south of Northallerton.

The Trust currently provides maternity services to the urban areas of Harrogate, Knaresborough, Boroughbridge, Pateley Bridge and Ripon as well as all of the rural areas in between. It also provides services to the catchment population of Wetherby, with a number of women choosing to have their babies at Harrogate. In January 2014 the Trust commenced clinics at Yeadon Health Centre providing a full maternity pathway including ante natal, delivery and post natal care for women in the Leeds West locality.

At present the Trust has a total of six Consultant Obstetricians/ Gynaecologists, as well as a middle grade tier of 7.5 WTE doctors. During 2014/15 work will commence to increase the number of consultants to support this anticipated increase in activity over the next three years.

The plan over the next five years is for this service to grow year by year. Work will continue to develop the market share in the Yeadon and Otley areas. As a result of the Friarage Hospital at Northallerton becoming a Midwifery Led Unit only and the paediatric services being provided through a Paediatric Short Stay Assessment Unit, the Trust will actively develop services in the North of the locality, as it is anticipated that a number of women will now choose to have their baby at Harrogate rather than travel to Middlesbrough.

As the Trust is planning to increase the number of births to approximately 2,500 per annum it will need to deliver 60hrs/week labour ward cover. The recruitment of two additional Obstetric Consultants into the department within the next five years will enable this level of cover to be delivered and ensure that the service continues to be sustainable in the longer term. An additional two midwives will be recruited to support the maternity service in

2014/15, with a further midwife appointed in 2015/16 and for further Midwives in years 3-5 as the number of births in Harrogate increases.

Paediatrics

The Trust is actively engaging in the West Yorkshire network review for paediatric services. We will contribute and respond to the recommendations of the review.

Preferred Option: Expansion of services

HDFT recognises the need to expand the current paediatric service and discussions have taken place with the Paediatric Consultants to develop a clinically sustainable model for the long term. The outcome of these discussions has resulted in a preferred model with 2 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 option will require one additional paediatric consultant to be recruited initially in order to maintain and expand current outpatient provision, with a second consultant appointment made in the long term as the service expands.

This will allow HDFT to meet the '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 accident and emergency.

In order to sustain high quality paediatric services, the Trust is expanding the current service provision so that growth in outpatient services supports growth in in-patient provision. The Trust will therefore actively pursue a strategy of expanded provision of service to patients from the Leeds area in line with other HDFT services.

The Trust is currently recruiting two consultant posts, one a replacement and the other a new post which will support the delivery of this new service model.

With regard to community paediatric services, there has been a large increase in community paediatric referrals. The outpatient work for the two new Consultant posts will mainly be focussed in this area to deal with the increased workload. The Trust has reached an agreement with the CCG to increase the number of autism assessments that will be carried out over the next year to deal with the backlog. We are currently looking at recruiting another clinical psychologist in order to undertake this activity. The increased local referral rate for such children is likely to continue and we will need to ensure we have capacity to continue this increased number of assessments. Additional workforce requirements to support the growth community paediatric activity will be assessed over the planning period.

Stroke services

Preferred Option: Reconfiguration of services in line with the outcome of West Yorkshire Network Review

The Trust is actively engaging in the review of stroke services being undertaken by the West Yorkshire network as it recognises that the outcome of the review could have an impact on

the future service model adopted within HDFT. We will continue to contribute to the review and respond to the recommendations. The review is focused on the delivery of high quality outcomes for patients. This could still be provided in units such as HDFT providing these outcomes are being achieved. The work programme being identified will be based on a five year implementation plan. It is recognised in the longer term that the hyper acute stage of the patient pathway could be delivered in a specialist centre with the rehabilitation phase provided at HDFT.

Emergency Surgery

Preferred Option: Expansion of services

HDFT provides General Surgical services to the Harrogate and District population of approximately 200,000. Given its close proximity to the Leeds and Bradford conurbations, this catchment population increases significantly as Harrogate is the hospital of choice for many people in these localities. The Trust is actively looking to expand services in this speciality.

It envisages that the levels of activity will grow in future years and as agreed with commissioners will continue to provide outreach services for General Surgery at Yeadon Health Centre.

The Trust recognises that it will need to further expand its number of Consultant General Surgeons over the next two/three years to meet this increase in demand. In 2014/15, the Trust will look to recruit a seventh Consultant Surgeon for Upper GI work, with an eighth appointment in 2015/16 specialising in breast re-construction. All of the Consultants will take part in the general surgical on call rota. This will present the Trust with the opportunity to review the arrangements for 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.

The discussions with North and West Leeds CCGs regarding commissioning greater levels of planned activity from HDFT will support the developments in General Surgery.

The provision of endoscopy services by HDFT at Wharfedale Hospital will also support the Trusts plans to expand the service, as any follow up work required as a result the initial diagnostic tests e.g. endoscopy will be undertaken at Harrogate.

Elderly Care

Preferred Option: Collaboration with Commissioner and Provider organisations to deliver transformational change

The Trust currently provides Elderly Care Services to a population of 250,000 with 22,500 of these being over the age of 75. The number of frail elderly people in hospital is increasing year on year and is expected to grow by 20% by 2020.

A new service model has been introduced with the appointment of the two additional elderly care consultants 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. When undertaking a review of services to confirm the Trust's sustainability going forward, elderly medicine was highlighted as an area where further work was required. In addition, the Deanery also requested assurance that the Trust was meeting its requirements and providing good quality junior doctor training opportunities. The Trust has subsequently met with the Deanery who have agreed with the Trust plans for the way forward.

The service model can be summarised as follows:

- The delivery of a daily acute elderly ward round to be provided on Monday to Friday (including prospective cover).
- Provision of Consultant delivered care to elderly care beds including Multi-Disciplinary Team meetings Monday to Friday
- General medical/elderly ward round for post-acute patients on a Saturday and Sunday.
- Introduction of a twilight shift, utilising FY2 doctors, currently based in general practice.
- Provision of ortho-geriatric service including prospective cover.
- Prospective cover for the Stroke physician, in relation to elderly patients not in the acute stroke unit
- Provision of a community geriatric service 12 hours per week (including prospective cover).

Having expanded the consultant establishment, the Trust is now developing the role of the Consultant Community Geriatrician. This will provide additional support in the community within the Ripon Community Hospital and Nursing Homes across the locality to manage patients outside of an acute hospital setting where appropriate. This will contribute to the delivery of the key objective of the CCG and the Trust to ultimately reduce the growth in non-elective admissions to zero over the planning period.

In addition, the Trust will also work with the CCG and North Yorkshire County Council to provide health input into the proposals for the future model of care for Ripon, with the introduction of extra care housing provision.

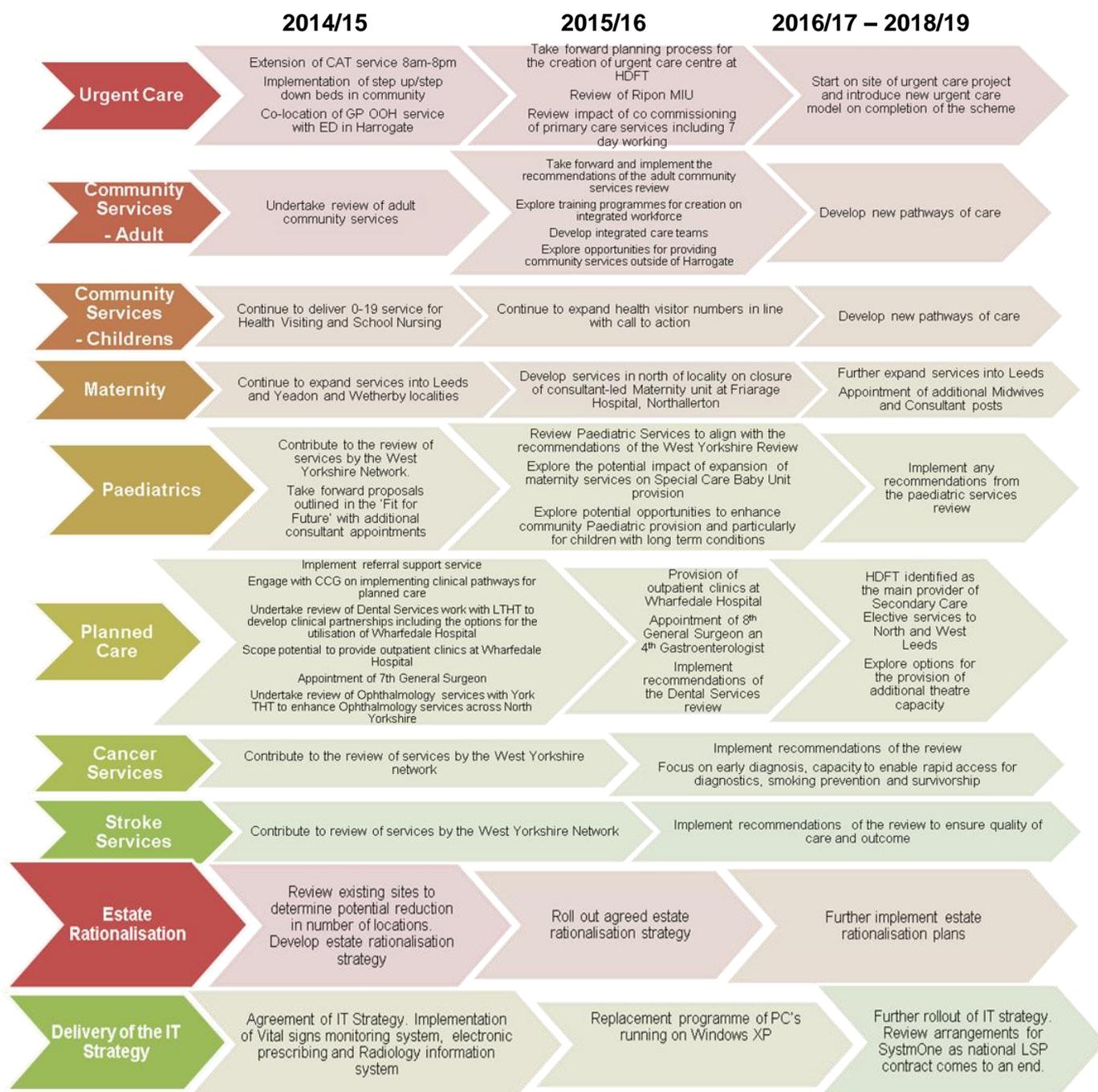
5. Strategic Plans

The Trust has considered in detail the key initiatives that need to be taken forward over the planning period, with detailed operational plans developed covering the first two years of the plan and developments identified for implementation in the longer term, covering a further three years.

The Trust has a clear strategy for the next three to five years which focuses on providing high quality, safe and sustainable services to its local population of Harrogate and North and West Leeds, 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
- 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 as possible where 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
- Delivery of seven day working



The above table summarises the work that will be progressed in the five year plan and further details of the initiatives to be taken forward are documented below.

Delivering Clinically sustainable services

Detailed work commenced in 2013/14 to implement new service models of care in key service line areas identified above to ensure the delivery of clinical sustainable services in the future. Details are identified earlier in the plan.

Managing growth in non- elective admissions

HaRD CCG has indicated that it wishes to see a reduction in the level of growth in non-elective admissions into the hospital over the planning period. As indicated earlier in the plan

the Trust has included growth of 2% and 1% in the first two years, with zero growth for years 3-5.

Whilst the Trust is fully supportive of this approach, it recognises the challenge that faces the Local Health Economy to successfully deliver this outcome.

The Trust will continue to work with the CCG and NYCC to deliver both the urgent care model and the initiatives agreed through the Better Care Fund which are detailed below.

Better Care Fund to enable the integration of community services, including the option to develop greater links with social care

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).

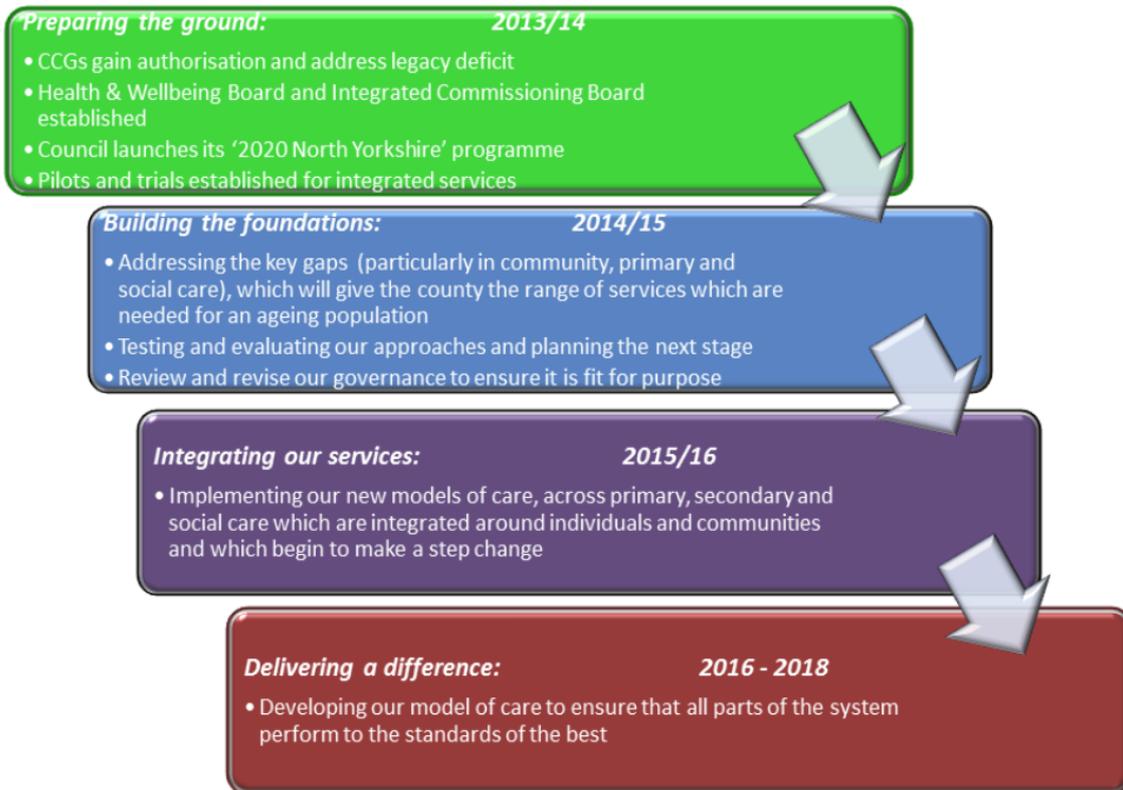
The BCF is providing the impetus for the NHS and local government in the county to set out a shared vision, underpinned by practical actions and joint investment.

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 overleaf.

**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:-

- Prevention and community resilience to reduce demand for health and social care.
- Integrated locality services to include multi-agency reablement and intermediate care services and multi-disciplinary case management teams.
- 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.

Work will continue between all partner organisations to take forward initiatives as they are agreed in future years.

The governance arrangements to ensure full provider engagement and deliverability and risk management of the plans are being reviewed.

Expansion of services into Leeds, including the use of Wharfedale hospital

The Trust will continue to work with Leeds Commissioners to expand services in Leeds. Central to this expansion programme will be the use of facilities at Wetherby Health Centre, Yeadon Health Centre and Wharfedale Hospital, Otley. HDFT is actively in discussions with the CCGs in North and West Leeds to agree the services that could be provided in each of these locations.

HDFT will also work closely with LTHT to agree the use of Wharfedale Hospital for Outpatient, diagnostic and Day Case activity.

The Trust will also explore opportunities for the use of Eccleshill Treatment Centre to provide diagnostic and endoscopy services.

Delivery of seven day working

HDFT is committed to working towards the provision of an equitable service for all patients across seven days as outlined in the NHS Improving Quality (NHSIQ) paper 'NHS services - open seven days a week: every day counts' and in line with standards developed as part of the 'NHS Services, Seven Days a Week Forum'. The Trust fully supports the rationale behind the guidance, but recognises the challenges associated with its implementation. A working group with input from senior clinicians and managers from across the Trust has been working to undertake a gap analysis in order to understand the current position of HDFT services in relation to the seven day standards. The analysis has highlighted the fact that the Trust is already meeting some of the standards in a number of areas whilst also helping to guide the priorities for the coming years.

The gap analysis has highlighted a number of key standards that require focus over the coming years to ensure that the Trust maintains progress to achieving the seven day standards. Work will be undertaken to ensure that all patients admitted as an emergency will receive a thorough clinical assessment by a suitable consultant within 14 hours of arrival at hospital. This standard is already being met in a number of areas but further work is required in order to ensure full compliance. In practice the provision of an evening ward round in a number of specialties will mean that patients admitted in the afternoon or evening will not have to wait for the following mornings ward round. Work is currently being undertaken to clarify the staffing establishments required to deliver the service model and it is planned that changes will be made over the next two financial years. This work will particularly focus on the following areas:

- Acute Medicine
- General Surgery
- Obstetrics and Gynaecology
- Critical Care
- Orthopaedics
- Urology
- Paediatrics

In addition in specialties which involve clinical alliances joint working will be undertaken with YTHFT to ensure that all patients are receiving an equitable service.

The Seven Day working standards require that all patients identified by the supervising Consultant as requiring an MDT review to have that review within 14 hours of admission. In order to achieve this standard it is proposed to strengthen staffing in the Fast Response

Team and use this resource as an in reach team to assist in the provision reviews across the specialties. The staffing required to deliver this service model is currently being explored.

The standards also require requires that hospital inpatients have scheduled 7 day access to diagnostic test within the following timescales:

- within 1 hour for critical patients;
- within 12 hours for urgent patients; and
- within 24 hours for non-urgent patients

With regard to diagnostics, collaboration with other provider Trusts will be needed to develop an in reach service model for Bronchoscopy Services to enable the required standards to be met.

The focus over the forthcoming financial years will be to ensure that the targets for managing critical and urgent patients are met. The main focus will be to ensure that Ultrasound tests are available out of hours when required. Work will continue to scope the requirements for achieving the 24 hour target for non-urgent patients, as this element of the standard will be likely to require significant increases in capacity. It is proposed that an implementation plan for this element will be developed towards the end of the five year planning cycle.

6. Capital Plans

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. 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 five year planning period to support the delivery of the clinical strategy.

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	65k	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 delivery 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	2016/17
Trust wide infrastructure	250k year one, years two and three to be agreed	Improve physical accommodation	2014-2017
The upgrade of the main entrance	1.6m	Improve physical accommodation	2016/17 - 17/18
Relocation of the existing orthopaedic outpatients department to alternative accommodation	1.8m	Improve physical accommodation	2017/18- 2018/19
The creation of a new Urgent Care Centre incorporating the Emergency Department, CAT and GP Out of Hours	1.2m	Enable delivery of new service model which will improve quality of service and physical accommodation	2018/19 – 2019/20
Adaptations to the radiology department including the Provision of 2 nd MRI scanner	3.2m	Support delivery of additional activity	2018-19
Provision of additional theatre capacity	2m	Support delivery of additional activity	2018/19 – 2019/20

In addition to the large capital projects identified above, the Trust also has an intermediate and small schemes programme, which focuses on replacement of medical equipment and maintenance schemes. This has been developed for the first two years of the plan but will be reviewed on an annual basis to identify any capital priorities to be taken forward. The use of the Briary Wing, should it become available in the event that the mental health provider was to relocate the services will be reviewed to determine how the facilities would best be utilised in the future and provide additional capacity on the District Hospital site. In relation to community facilities, HDFT continues to explore opportunities to rationalise the estate it occupies and this exercise will continue in the coming years. The Trust recognises that the use of IT will be a major enabler in delivering a reduction on the estate and bids for funding through phase 2 of the Nursing technology fund will be submitted to support this work.

With regard to Ripon Community Hospital, the Trust is working with other key stakeholders including the local CCG, North Yorkshire County Council, local GP practices and NHS Property Services, to explore the opportunity to re provide services in Ripon. Should this

initiative prove to be successful it would be possible to vacate the existing Ripon Hospital site and enable health services to be provided from new facilities. Discussions are continuing with this initiative, with a view to plans being developed over the next 12 months for consideration.

7. IT Plans

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, with recurrent revenue costs of £290k from 2015/16. This has enabled the Trust to implement two key organisation wide 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), the Endoscopy System Scribe and replacing / upgrading PCs running Windows XP. 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 initially.

Further extended use of mobile working across the hospital site will need to continue in parallel with 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.

The Trust currently used SystemOne under the national LSP contract that comes to an end in 2016. The Trust will be reviewing the situation when details become available.

A summary of the IT projects to be taken forward over the planning period are detailed below:-

IT Project	Timescale
Radiology Information System	2014/15
EPMA	2014/15
Electronic Observations	2014/15
Network Infrastructure	2014/15
Mobile Working	2015/16
Single Sign On	2015/16
PACS	2015/16
Clinical Portal/EPR	2016/17
Integrated Portal Social Care/Patient Facing	2017/18
Electronic Document Management	2018/19

8. Financial Assessment

The financial assumptions that have informed the model drive a continued efficiency requirement of around 4% per year. Whilst the assumptions in relation to pay and non-pay costs will change over the period of the strategic plan, our assumption is that any significant pay and non-pay changes will be reflected within the tariff settlement going forward, thus leaving the impact on providers of care similar to that being assumed.

Income

In relation to our income, the strategic financial plan reflects the strategic options outlined earlier, in particular:-

- Expansion into Leeds in relation to secondary care services, in line with both Commissioner intentions and LTHT strategy
- Demographic growth
- Reduction in non-elective activity growth to 0% by 2016/17, thus resulting in a reduction in acute emergency income in line with tariff deflator
- Increase in income for community services, with investment as part of the BCF plans for the local health economy

In addition, the Trust has recently commissioned a piece of work in relation to our Business Development strategy. The key factors that have already emerged from this work are:-

- Commitment (in line with Commissioner intentions) to maintain local community services and develop these services as part of the BCF plans
- Bid to continue to provide children's services across North Yorkshire when tendered by North Yorkshire County Council
- Withdraw from the provision of GP out of hours services in York
- Explore with commissioners the opportunity to provide community services for the population where we already provide significant levels of secondary care
- Respond to AQP procurement in relation to diagnostic services at Eccleshill (near Bradford)

The non-elective threshold income and readmissions funding that is required to be invested by the CCG across the health community is £3.5m, and as both the hospital and community service provider locally, the Trust would expect to benefit from the agreement of investment

locally. In terms of winter pressures, it is likely that there will be opportunities over the course of the strategic planning timeframe for additional investment.

Expenditure

The key assumptions in relation to expenditure are the impact of pay settlements and non-pay inflation over the period of the plan. As stated earlier, these assumptions are linked to the tariff settlement with the planning assumption being that an efficiency of around 4% will continue to be required.

As activity increases, either in the hospital or in the community, our plan includes investment of 50% of the additional income to ensure delivery. These investments will allow the recruitment of key staff as identified earlier to ensure the delivery of 7 day standards and clinical sustainability across our key specialties.

In terms of specific changes in expenditure that is not linked to delivering additional activity, there is a limited range of investments planned. These include a further increase in inpatient ward nurse staffing to improve the staffing ratios overnight, and the development of a cohort of Advanced Practitioners to manage the future risk in relation to skill shortages.

Efficiency

The efficiency programme for the 5 year period expands on the detailed programme identified for 2014/15 – 2015/16. The table below highlights the key areas identified:

Key Area	2014/15 - 2015/16 £m	2016/17 - 2018/19 £m
Traditional		
Procurement	1.2	1.7
Corporate services efficiencies	0.7	0.1
Temporary staffing	1.2	1.9
Energy	0.2	0.0
Directorate efficiencies	8.2	11.1
Transformational		
Temporary staffing	0.1	0.0
Energy	0.3	0.0
Estate rationalisation/mobile working	0.3	0.1
Length of stay	0.3	0.0
Managed services contract	0.2	0.0
Community services efficiencies	1.0	0.0
Directorate efficiencies	4.2	7.6
Total	17.9	22.4

Our plan does not include further potential efficiencies in relation to our pay costs that would be delivered through changes to national contracts, particularly in relation to medical staffing contracts. Delivery of 7 day working standards and also additional activity is potentially enhanced in financial terms through the use of more flexible working if available through contract changes.

Delivery

Delivery of the efficiency requirement is the responsibility internally of the Finance Director and this is discharged through the clinical directorate structure. In addition an efficiency 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. At a local health economy level, strategic transformation to improve efficiency is through a locality structure into the North Yorkshire wide Integrated Commissioning Board that in turn is a sub-committee of the Health and Wellbeing Board. The Trust is a member of the Health and Wellbeing Board and the Integrated Commissioning Board, and the locality structure governance and delivery mechanisms are in the process of being strengthened to ensure that the system wide efficiency programme – focussed around BCF plans – is delivered.

Risk ratings

The Continuity of Services (CoS) ratings over the 5 year plan are:-

	Year 1	Year 2	Year 3	Year 4	Year 5
CoS	4	4	4	4	4

Downside risks and mitigations

The key variables that have been modelled as part of the strategic 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).

In relation to 2016 – 2019, the strategic risk relates to overall NHS affordability and the impact upon the efficiency requirement on providers, alongside the further shift away from funding care in hospital to funding care in community and social care settings. This risk is manifested in the development of further BCF plans and whilst the risk in years one and two reflect the potential shift of activity and therefore income from hospital to the community (for which the risk is mitigated by the fact that HDFT provides both hospital and community care), for years three to five this risk can be supplemented by the risk of the activity NOT shifting out of hospital and costs escalating within the acute sector that are unaffordable for commissioners who have committed resources into out of hospital schemes, in particular social care.

The risk to the local health economy if BCF (or similar) plans do not deliver the planned activity reductions in non-elective care will potentially impact on HDFT in respect of capacity

to deliver the market share growth. This income risk is mitigated through our close working with the CCG and other partners in relation to transformational schemes, our use of alternative premises to deliver elective activity, and our relationship with more than one CCG which mitigates against financial challenges in any one health economy. This has enabled HDFT to continue to develop sustainably in the past despite particular local health economy financial difficulties.

9. Conclusion

The Trust has identified its strategic objectives and developed plans that will be taken forward over the next five years to ensure the continued clinical and financial sustainability of the organisation and the wider health economies that it serves.