

Paper 7.0

Council of Governors Meeting 16th May 2015

Dr Ros Tolcher
Chief Executive

You matter most



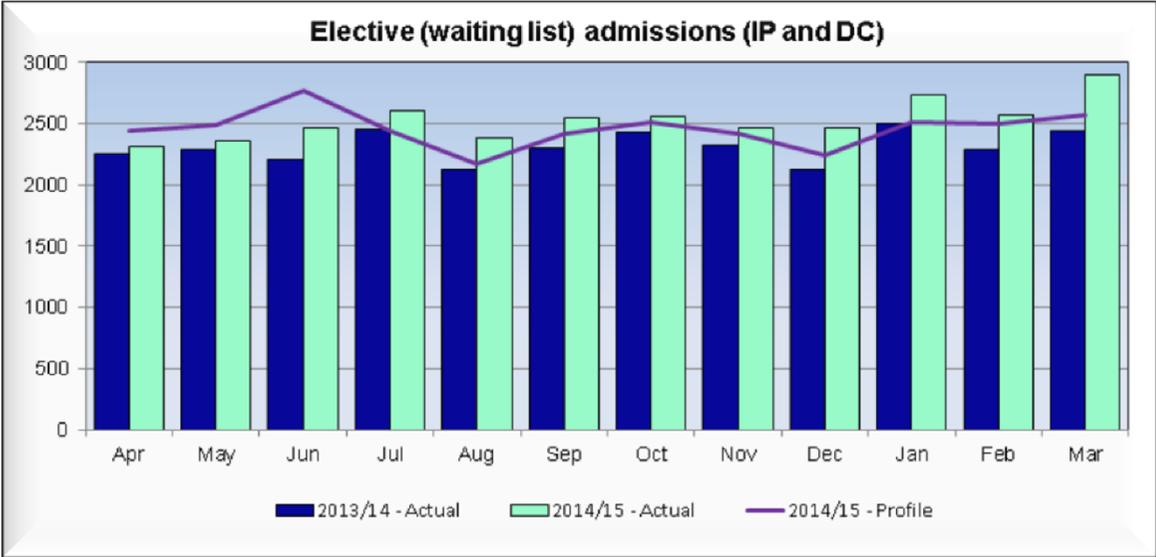
A LOOK BACK AT 2014/15

Delivering high quality care

- ✓ The Trust achieved all access targets in all quarters in 2014/15 including
 - ✓ cancer waiting targets
 - ✓ Emergency Department (ED) 4 hour access target
- ✓ There were zero MRSA cases and 9 cases of C. Difficile against a max allowable number of 15
- ✓ Our safety thermometer score was consistently above 91% and above 95% in last 5 months
- ✓ The National Cancer Patient Experience Survey placed HDFT third nationally with 94% of patients rating their care as good or excellent

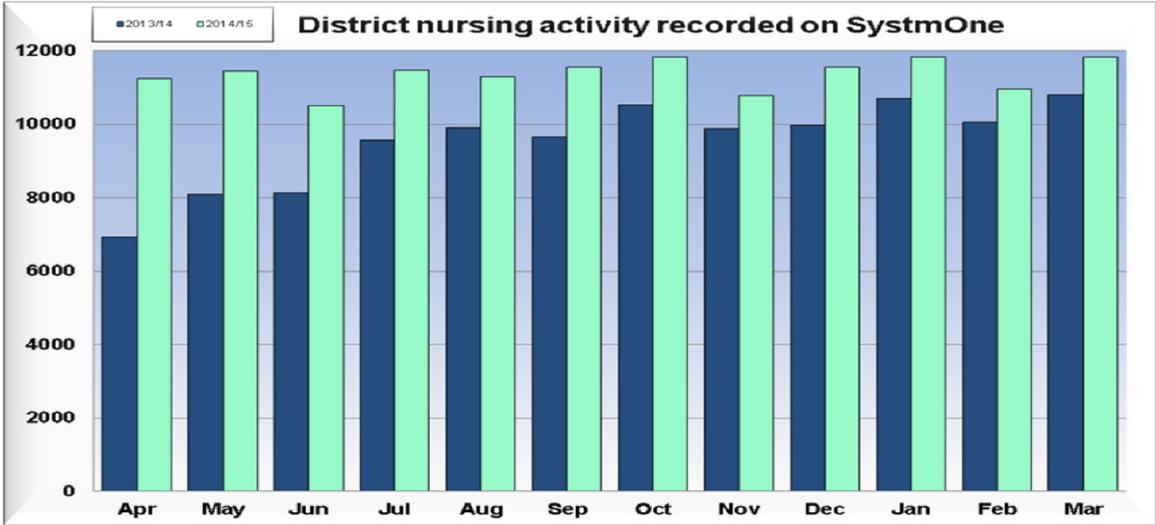


Activity trends for 2014/15 - 2015/16

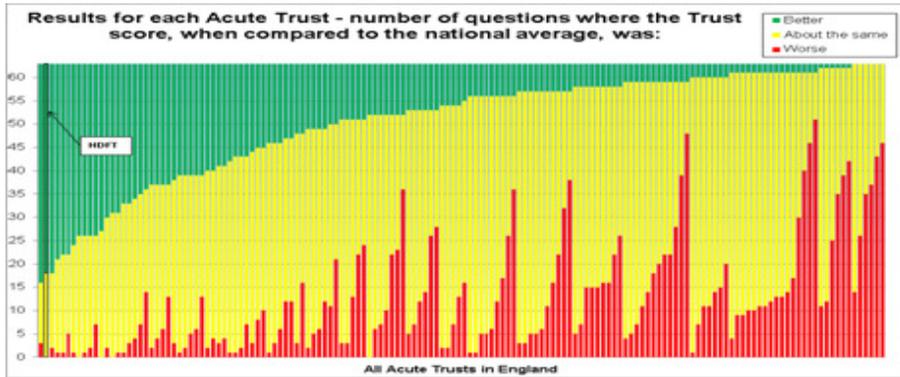


Elective admissions were 9.5% higher in 2014/15 than they were in 2013/14

Face to face contacts increased by 12% in the last six months in the District Nursing service

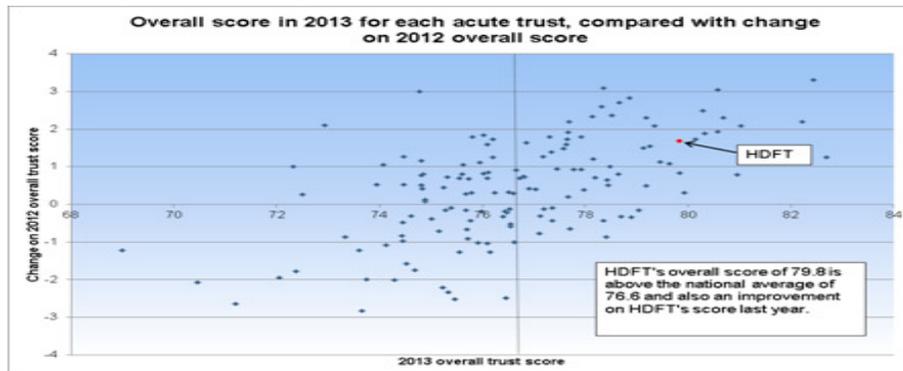


Cancer patient survey



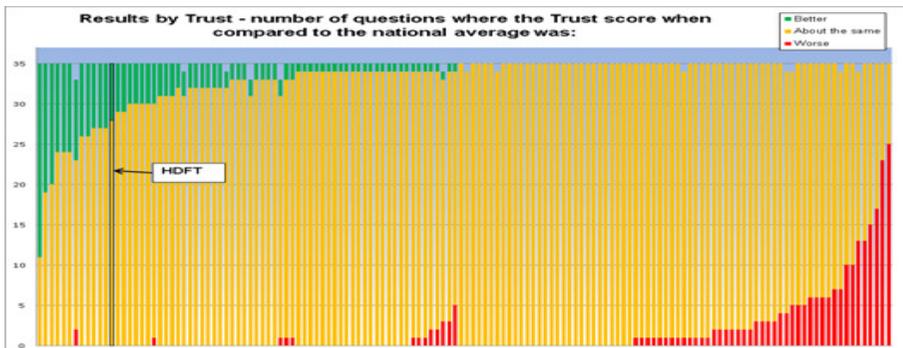
- National Cancer Patient Experience Survey 2013/14 – HDFT was ranked third in the country with 94% of patients reporting their care at HDFT as either “excellent” or “very good”. Compared to the previous year, HDFT reported significant improvements on 11 questions and a significant deterioration on 1 question. The first chart to the left shows HDFT’s performance compared to other Acute Trusts.

Adult inpatient survey



- Adult Inpatient Survey 2013 – HDFT was ranked 14 out of 142 Acute Trusts and scored “significantly better than average” for 6 out of 60 questions, compared to 2 out of 60 in the previous year. For the third consecutive year, HDFT had no questions rated “significantly worse than average”. The second chart to the left shows how each acute trust scored in 2013 and plots this against the change on their 2012 score. As can be seen, HDFT is in the top right quadrant indicating an overall score that is above average and an improved position on last year’s results. The 2014 results are expected to be published in the next few months.

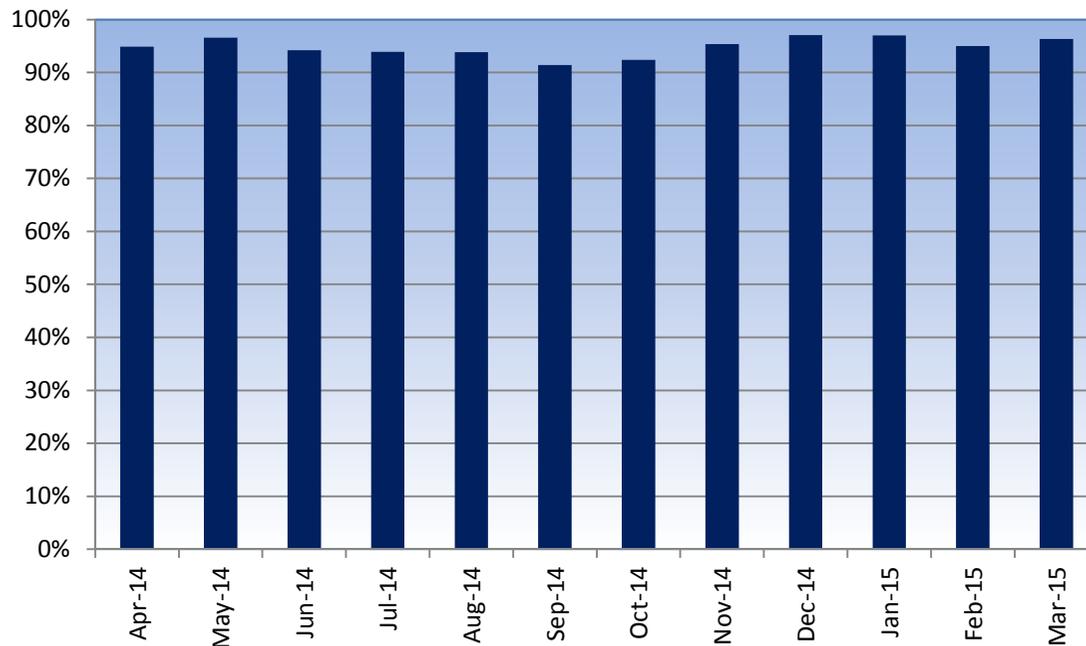
A&E survey



- National Accident and Emergency Survey 2014 - HDFT scored “significantly better than average” for 7 out of 35 questions and no questions rated “significantly worse than average”. Two questions showed a significant improvement since the previous year. HDFT was placed 13th out of 142 participating Trusts, as illustrated in the third chart.

Harm Free Care

Safety thermometer - % harm free



The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care.

It captures

- pressure ulcers
- urinary tract infections in patients with a urinary catheter
- Falls with harm, and
- New VTE's (venous thromboembolism)

- HDFT achieved >95% harm-free care in 6 months of the year (range 91.1%-96.7%)

- The monthly national average for acute trusts in 2014/15 ranged from 93.6%-94.1%

The year ahead

PLANNING FOR SUCCESS

Our Strategic Objectives

Drive forward improvements in the quality of services to improve patient safety, outcomes and experience for people who use our services.

Driving up
quality

Work with our partners to develop and implement the joint service strategy across the health communities we serve.

Working
with
partners

Develop more integrated community based services, enabling people who use our services to be treated closer to home, or at home.

Integrating
care

Continue to expand our secondary care services

Growing
our
business

2015/16 is an important year for HDFT

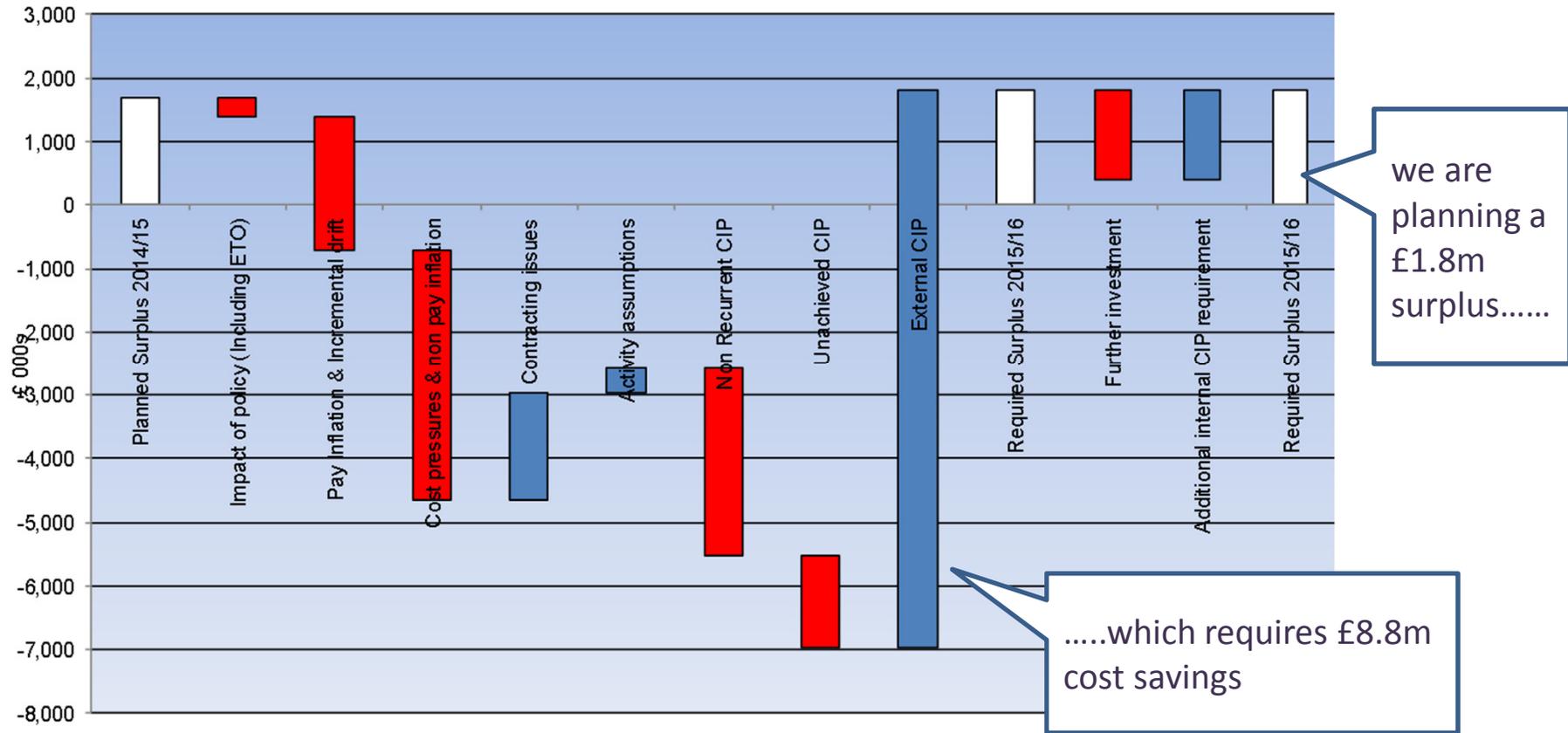
SAFE, SUSTAINABLE, RESILIENT

CLINICAL LEADERSHIP

1. keeping 'Business as Usual' safe and sound
 - Unwavering focus on quality
2. Transformation of clinical services
 - New models of care
3. Developing our business strategy

FIRM GRIP ON FINANCES!

Financial Plan 2015/16



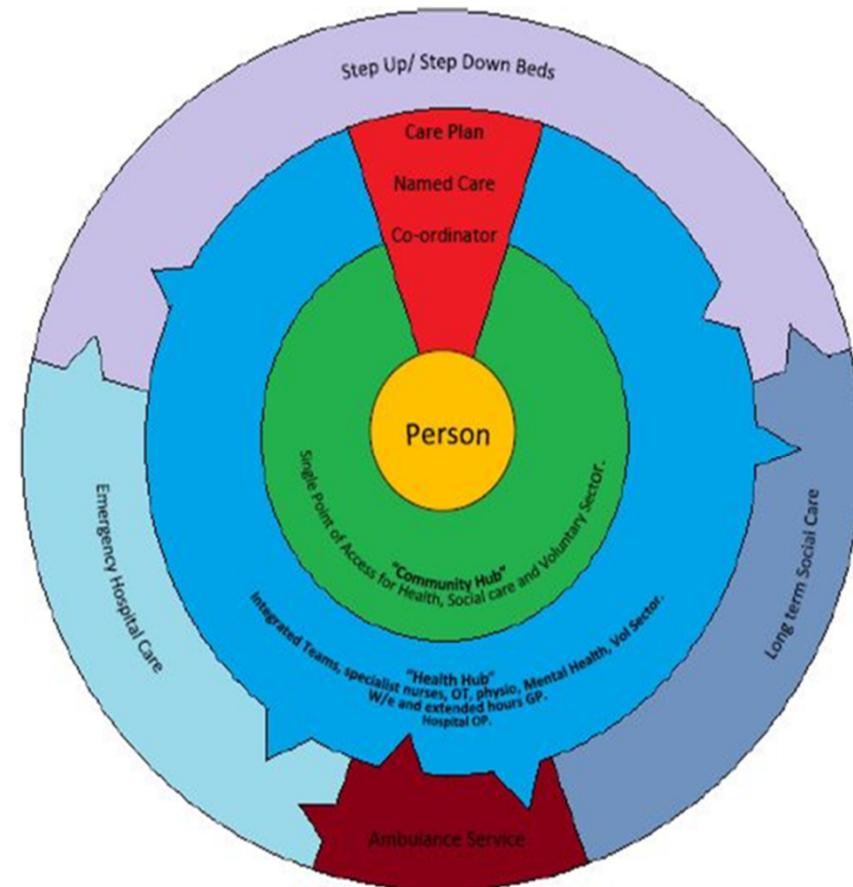
- ✓ we have an additional internal stretch target to save £1.4m which would require £10.2m savings

Delivering New Models of Care: the Harrogate vanguard

OUR SHARED VISION:

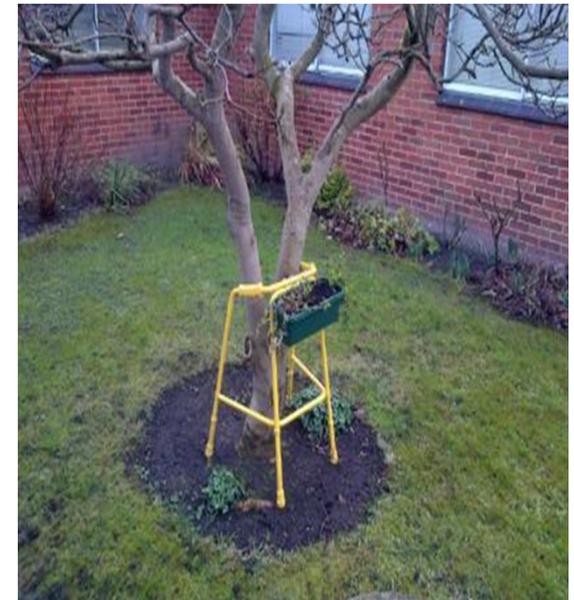
Care centred on the needs of the individual and their carers, empowering people to take control of their health and independence

- Prevention
- Personalisation
- sustainability



What will be different as a result?

- Harrogate people fully engaged – in their own health and in shaping the system
- Dissolving the boundaries between GMS, community services and hospital based care
- Aligning local authority services to new models of NHS care
- Radically changing the space which sits between the GP surgery and the hospital and the wider community
- Reducing avoidable admissions to hospital and 24/7 care and expediting hospital discharge following clinically appropriate admissions
- Pooled and aligned budgets and contracts underpinning what we do



In summary

- 2014/15 was a year of **strong operational performance** and **sustained high quality of care**
- The need to reduce costs remains paramount and we are **‘running on empty’**
- Our **Big Ticket** issues:
 - New models of care
 - New business model
 - Retain culture, values and focus on the things which matter
 - Retaining a strong grip on the money
 - Improving engagement with service users, members and governors
 - Valuing, involving and engaging our staff

You matter most



The following slides are included in
the hand out for information only

Medical Director update

- **Mental Health**
 - Focus on getting it right for people with mental health problems
 - Regular meetings with TEWV.
 - Education and skills development for staff on mental health, mental capacity and deprivation of liberty standards (DOLS)
 - New section 136 place of safety due to open in May in the Briary Wing
- **Safety and Quality**
 - Sign Up to Safety funding success
 - Patient Track up and running on the wards.
 - Anaesthetic department ACSA accreditation
- **Research**
 - Accrual rates for studies remains high: one of 3 within 23 organisations in the network that have exceeded our target for recruitment
 - Dr Alison Layton jointly appointed Clinical Director for the research network
- **New appointments**
 - See list at end of handout

Workforce matters

- Health Service Journal Top 100 Best Places to Work
- Successful Project for International Nurse Recruitment
- New Values and Behaviours launch
- Health and Wellbeing days offered to all staff
- Advanced practitioners scheme

Place patients at the centre of decision making

- Plan and deliver care based on the needs of patients
- Listen to feedback and make improvements on this basis
- Treat each person as an individual
- Ensure that people in our care feel safe and are treated with dignity and respect

Support and engage with staff

- Live our values, valuing individuals and teams
- Invest in and develop people to enable them to thrive
- Promote staff health and wellbeing
- Respond to messages in the annual staff survey and staff FFT
- Promote an open and honest culture

Use our resources carefully

- Exercise prudent cost control
- Do things on time, right first time
- Use our time effectively and respect the value of colleagues time
- Prepare well for meetings and be 'present'

Plan for the future

- Use information to drive resilience, model future demand and manage risk proactively
- Respond to and work with partner organisations for a shared future
- Follow through on action plans
- Understand our cost base and how we can improve it
- Use benchmarking information to drive efficiency

New Consultant appointments in 2014/15

Daniel Fascia - Radiology

Thomasina Livingstone - Anaesthetics

Jonathan Gill - Urology

Anna Linden - Paediatrics

Shimona Basu - Paediatrics

Efstathios Altanis - Obs & Gynae

Richard Hobson - Medical Microbiology

Lauren Heath - Medical Microbiology

Hayley Kemp - Anaesthetics

Emma Dugdale - Oncology

Murad Moosa - Ophthalmology

Heather Mortimer - Respiratory Medicine

The NHS safety thermometer- national data

Table 2: NHS Safety Thermometer summary results

The following table summarises the national percentage of patient assessments which showed each of the four harms and which showed none of the harms – ‘harm free’ - for the period from March 2014 to March 2015 based on the number of records shown in Table 1.

	Mar14	Apr14	May14	Jun14	Jul14	Aug14	Sep14	Oct14	Nov14	Dec14	Jan15	Feb15	Mar15
Harm Free	93.6%	93.6%	93.6%	93.6%	93.8%	93.7%	93.8%	94.0%	93.9%	94.1%	93.9%	93.8%	94.0%
Pressure Ulcers - All	4.6%	4.6%	4.7%	4.7%	4.5%	4.6%	4.5%	4.4%	4.4%	4.3%	4.5%	4.6%	4.5%
Pressure Ulcers - New	1.0%	1.0%	1.0%	1.0%	0.9%	1.0%	1.0%	1.0%	0.9%	0.9%	1.1%	1.0%	1.0%
Falls with Harm	0.8%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.6%
Catheters & UTIs	0.8%	0.8%	0.9%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.7%	0.7%	0.7%	0.7%
Catheters & New UTIs	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.3%	0.3%	0.3%	0.3%	0.3%
New VTEs	0.5%	0.5%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.3%	0.4%	0.4%	0.4%
All Harms	6.4%	6.4%	6.4%	6.4%	6.2%	6.3%	6.2%	6.0%	6.1%	5.9%	6.1%	6.2%	6.0%
New Harms	2.6%	2.5%	2.4%	2.4%	2.3%	2.4%	2.4%	2.3%	2.3%	2.2%	2.4%	2.3%	2.3%
Patient Assessments	209,157	208,743	210,867	211,592	209,416	206,808	206,901	212,519	212,526	208,715	213,098	206,205	199,957
Organisations	866	877	867	878	868	854	863	864	847	842	821	838	770

Note: a patient may have all, some, one, or none of the harms, so the percentages may not add up to 100%.

Organisations are permitted to submit data and corrections in arrears. Data may change in subsequent reports. This report reflects data received up to 27 March 2015.