Extraordinary meeting of the Board of Directors held in public 21 December 2016

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Harrogate and District NHS
NHS Foundation Trust

The Extra Ordinary meeting of the Board of Directors held in public will take place on Wednesday 21 December 2016 in the Boardroom, Trust Headquarters, Harrogate District Hospital

Start: 10.15am Finish: 11.00am

	AGENDA		
Item No.	**Item**	**Lead**	**Paper No.**
1.0	**Welcome and Apologies for Absence** *To receive any apologies for absence*	Mrs S Dodson, Chairman	-
2.0	**Declarations of Interest and Register of Interests** *To declare any interests relevant to the agenda and to receive any changes to the register of interests*	Mrs S Dodson, Chairman	2.0
3.0	**Harrogate and District NHS Foundation Trust Operational Plan 2017/18 and 2018/19** *To receive the plan for **approval***	Mr J Coulter, Deputy Chief Executive/ Finance Director	3.0
4.0	**Any other relevant business not included on the agenda** *By permission of the Chairman*	Mrs S Dodson, Chairman	-
	Board Evaluation	Mrs S Dodson, Chairman	-
Confidential Motion – the Chairman to move: *Members of the public and representatives of the press to be excluded from the remainder of the meeting due to the confidential nature of business to be transacted, publicly on which would be prejudicial to the public interest.*			

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Harrogate and District NHS
NHS Foundation Trust

BOARD OF DIRECTORS – REGISTERED DECLARED INTERESTS

This is the current register of the Board of Directors of Harrogate and District Foundation Trust and their declared interests.

The register is maintained by the Foundation Trust Office.

Name	Position	Interests Declared
Mrs Sandra Dodson	Chairman	1. Partner in Oakgate Consultants 2. Trustee of Masiphumelele Trust Ltd (a charity raising funds for a South African Township) 3. Trustee of Yorkshire Cancer Research 4. Chair of Red Kite Learning Trust – multi-academy Trust
Dr Ros Tolcher	Chief Executive	1. Specialist Adviser to the Care Quality Commission 2. Member of NHS Employers Policy Board
Mr Jonathan Coulter	Deputy Chief Executive/ Finance Director	None
Mrs Jill Foster	Chief Nurse	None
Mr Robert Harrison	Chief Operating Officer	1. Appointed Voluntary Member of the Strategy and Resources Committee of the Methodist Church 2. Charity Trustee of Acomb Methodist Church, York
Mr Phillip Marshall	Director of Workforce and Organisational Development	1. Member of the Local Education and Training Board (LETB) for the North
Mr Neil McLean	Non-Executive Director	Director of: - Northern Consortium UK Limited (Chairman) - Ahead Partnership (Holdings) Limited - Ahead Partnership Limited - Swinsty Fold Management Company Limited - Acumen for Enterprise Limited
Professor Sue Proctor	Non-Executive Director	1. Director and owner of SR Proctor Consulting Ltd 2. Chair, Safeguarding Board, Diocese of York 3. Member – Council of NHS Staff College (UCLH) 4. Associate – Good Governance Institute 5. Associate – Capsticks
Dr David Scullion	Medical Director	1. Member of the Yorkshire Radiology Group
Mrs Maureen Taylor	Non-Executive Director	None

Mr Christopher Thompson	Non-Executive Director	1. Director – Neville Holt Opera 2. Member – Council of the University of York
Mr Ian Ward	Non-Executive Director	1. Vice Chairman and Senior Independent Director of Charter Court Financial Services Limited, Charter Court Financial Services Group Limited, Exact Mortgage Experts Limited, Broadlands Financial Limited and Charter Mortgages Limited 2. Chairman of the Board Risk Committee and a member of the Remuneration and Nominations Committee, the Audit Committee and the Funding Contingent Committee for the organisations shown at 1 above 3. Director of Newcastle Building Society, and of its wholly owned subsidiary IT company – Newcastle Systems Management Limited 4. Member, Leeds Kirkgate Market Management Board
Mrs Lesley Webster	Non-Executive Director	None
Mr Andrew Alldred	Clinical Director UCCC	None
Dr Kat Johnson	Clinical Director EC	None
Dr Natalie Lyth	Clinical Director IC	None
Dr David Earl	Deputy Medical Director	1. Private anaesthetic work at BMI Duchy hospital
Dr Claire Hall	Deputy Medical Director	1. Trustee, St Michael's Hospice Harrogate
Mrs Joanne Harrison	Deputy Director W & OD	None
Mr Jordan McKie	Deputy Director	1. Familial relationship with NMU Ltd, a company providing services to the NHS
Mrs Alison Mayfield	Deputy Chief Nurse	None
Mr Paul Nicholas	Deputy Director Performance and Infomatics	None

December 2016

Harrogate and District NHS
NHS Foundation Trust

Report to the Trust Board of Directors: 21 December 2016	Paper No: **3.0**
Title	**Business Development Report**
Sponsoring Director	Mr J Coulter, Deputy Chief Executive/Finance Director
Author(s)	Mr J Coulter, Deputy Chief Executive/Finance Director
Report Purpose	To provide the Board with an update on the business of the Operational Plan 2017/18 – 2018/19

Key Issues for Board Focus:	
The Board of Directors are asked to approve the Operational Plan 2017/18-2018/19 and associated assurance templates.	
Related Trust Objectives	
To deliver high quality care	Yes – the Operational Plan sets out the plans for the organisation supports the Trust's ability to continue to provide high quality services in a financially challenged environment via new and innovative approaches to how we operate.
To work with partners to deliver integrated care	Yes –work closely with other providers and commissioning colleagues to explore opportunities for partnership working to deliver new care models.
To ensure clinical and financial sustainability	Yes – the report provides assurance on the Trust's approach to ensure sustainability of services and improvements to core services.
Risk and Assurance	Risks associated with the content of the report are reflected in the Board Assurance Framework via: BAF# 5: risk to service sustainability; BAF #9: risk of failure to deliver the Operational Plan; BAF #12: risk of external funding constraints
Legal implications/Regulatory Requirements	The report does not highlight any legal/regulatory implications for the period.
Action Required by the Board of Directors	
The Board is asked to **note** and **comment**, where appropriate, on the information in this report.	

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Harrogate and District NHS
NHS Foundation Trust

Board of Directors 21 December 2016

Operational Plan 2017/18-2018/19

Report from: Jonathan Coulter, Deputy Chief Executive / Director of FInance

Report Purpose: For approval

1. Introduction

1.1. The Board of Directors considered a draft of the Operational Plan for 2017/18-2018/19 at its meeting on 30th November 2016 following submission of the draft plan to NHS Improvement (NHSI) on 24th November 2016.

1.2. As part of the submission we highlighted a number of areas which needed further work prior to submission of the final plan. These are highlighted below:

- Assurance statements – to be signed off at the Board of Directors meeting
- Control totals – to be confirmed at the Board of Directors meeting
- Acute Contract with HaRD CCG – see update below
- Efficiency programme 2017/18 – see update below

2. Current Position

2.1. Work has continued over recent weeks to finalise the plan. The main focus has been on contract negotiations with HaRD and finalising efficiency plans. The attached plan at **Appendix A** has been updated to reflect the current position. Clearly, contract discussions are ongoing and any material progress will be reported to the Board of Directors.

2.2. With regards to contract discussions with HaRD CCG, a meeting was held on 5th December which I attended along with Dilani Gamble (CFO, HaRD CCG) and representatives from NHS England and NHSI. Whilst these discussions were helpful in terms of ensuring that the two regulators had an understanding of the current position, no formal agreement was reached and the Trust and CCG are now progressing to mediation. The key issue remains the QiPP assumptions of the CCG which total over £10m.

2.3. In terms of moving through a mediation process, we have prepared a summary of issues for submission to the mediator and our respective regulators.

2.4. In relation to the efficiency programme, the Directorates continue to work to develop their efficiency plans. The current position is summarised in the plan that is attached. At present, whilst schemes are identified in line with the overall requirement, the risk-assessed value is currently at around 64% when assessed across the Trust.

2.5. Further work will continue in January to refine these efficiency plans further. Arrangements are in place for challenge sessions with each Directorate presenting to members of the Executive Team their efficiency plans in more detail. These meetings

will be held in early January. The Chief Nurse and Medical Director will not be part of these sessions as they are involved in the QIA process that sits alongside (and is independent of) the CIP process.

3. Conclusion

3.1. The Board of Directors is asked to : -

3.1.1 Approve the Operational Plan for 2017/18-2018/19 and associated assurance statements at **Appendix B** to enable submission to NHSI by no later than 30th December.

3.1.2 Note the current position in relation with the contract negotiations with HaRD CCG.

Harrogate and District NHS
NHS Foundation Trust

You matter most

Operational Plan 2017/18 to 2018/19

1st Draft
November 2016

1. Introduction

Harrogate and District NHS Foundation Trust (HDFT) has developed the two year Operational Plan for 2017/18 to 2018/19. The Sustainability and Transformation Plan (STP) for West Yorkshire and Harrogate has been submitted and our Operational Plan will reflect the joint working that is ongoing between organisations across our STP footprint.

2. Overview

The Trust is the principal provider of hospital services to the population of Harrogate and surrounding district, as well as some services to north and west Leeds, representing a catchment population of approximately 250,000.

HDFT also provides a wide range of community-based services covering the Harrogate and District locality as well as some services covering the whole of North Yorkshire together with 0-19 Children's services in the Middlesbrough, Darlington and Durham localities, making the Trust the largest provider of Children's services in the country.

Following a comprehensive inspection the Care Quality Commission (CQC) in early 2016 the Trust has been rated as 'Good' overall and 'Outstanding' in the 'Caring' domain, overall and separately for hospital-based and community services.

We are currently delivering the Emergency Department (ED) standard, cancer standards and 18 week standards and our financial position is relatively stable.

Staff engagement is strong and our Friends and Family Test indicates that we are in the top 20% of Trusts that would recommend their Trust as a place to work, and also as a place to receive care.

Our strategy continues to be to deliver high quality care, work with our partners to deliver integrated care and ensure we continue to be clinically and financially sustainable. We monitor delivery of our strategy through the use of strategic KPIs that we report to the Board on a regular basis.

3. Strategic Context

The context within which we have developed the Operational Plan for 2017/18-18/19 is:

- We are part of the West Yorkshire and Harrogate STP. Our STP plan has been published and we are actively engaged with the leadership from the West Yorkshire and Harrogate health and care organisations to deliver our ambitious plans to improve care to the populations we serve
- We are part of the West Yorkshire Association of Acute Trusts (WYAAT) Network
- We have been identified as an Accelerated Zone for Emergency Care Services
- We are a part of the Harrogate Vanguard delivering the New Care Models across the Harrogate and Rural District (HaRD) locality
- We continue our clinical alliances with York Teaching Hospitals NHS Foundation Trust (YTHT) and Leeds Teaching Hospitals NHS Trust (LTHT)
- We continue to roll out our Business Development Strategy with the focus on consolidating the new children's services we successfully secured in 2016/17 and exploring opportunities to secure new services over the next 2 years

4. Operational Plan

The Trust has developed its two year Operational Plan in the context of continuing to deliver the Five Year Forward View and STP, as well as reflecting the NHS improvement (NHSI) objectives and national 'must do's' for our local system. The Operational Plan will also ensure progress on recommendations arising following the Trust CQC inspection in 2016, which led to an overall rating of 'Good'.

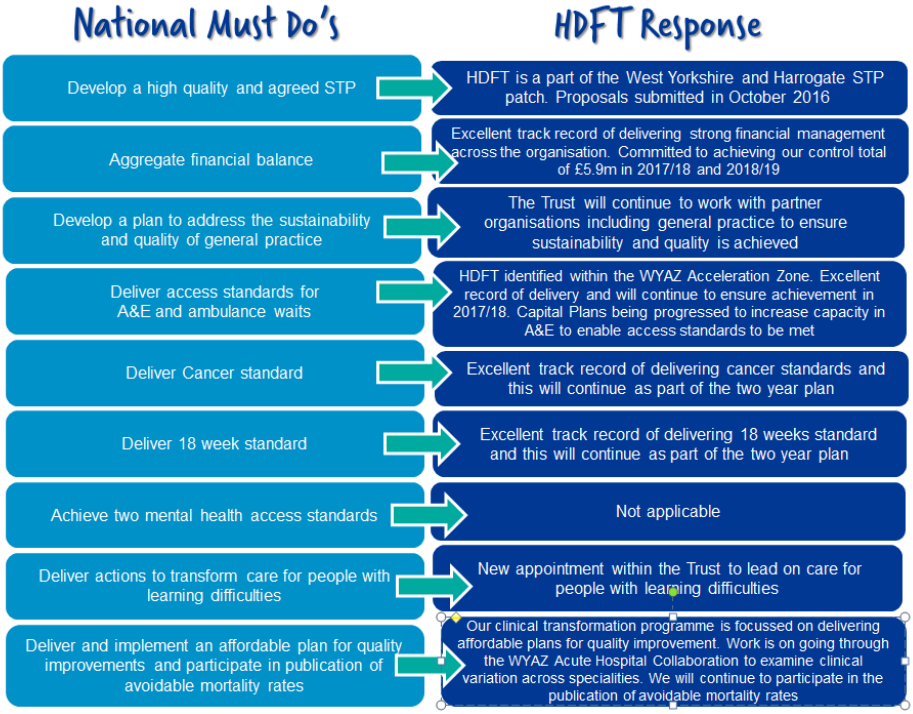


Figure One: Trust response to the Nine National must dos

In relation to the nine National must do's, the Trust continues to deliver a number of these initiatives and is actively working to ensure all relevant areas are achieved.

5. Approach to Activity Planning

Activity and capacity plans have been developed together and from the bottom up, using a combination of historical activity, Office for National Statistics (ONS) population estimates and change in age profile to forecast activity by commissioner, specialty and point of delivery.

Clinical Directorates have worked closely with Lead Clinicians to understand and take into account changes in medical practice and infrastructure that will impact on activity in 2017/18 to 2018/19. Activity has been formally signed off at specialty level by the senior directorate teams, including clinical leads.

Activity plans have been through a number of iterations, with meetings held with each clinical directorate team to ensure activity forecasts are fully understood and additional capacity is in place, where required, to fully deliver the plan. The plan has been phased over the year using an intelligent phasing approach looking at historical trends in both activity and financial terms.

Historically, our activity and capacity assessments have been an accurate forecast for planning purposes. We recognise that we will need to take into account our assessment of HaRD CCG QiP plans when they are developed, and if necessary utilise any resultant capacity with neighbouring commissioners in line with our West Yorkshire and Harrogate STP.

Elective inpatient, elective day case and outpatient activity plans were agreed with the Clinical Directorates at specialty and sub-specialty level and were based on a factor for demographic growth plus additional activity identified within specific business plans and service developments proposed for the coming five years. In particular, we will be providing a new bowel scope service commissioned by NHS England which will result in a significant increase in day case work (see table below). We have engaged in planning with HaRD CCG involving the recently established Clinical Board for focused areas of work and with a view to managing elective activity across a range of targeted specialties. This work will be factored into our plan, and will result in a shift in the use of our elective capacity from Harrogate to Leeds patients, in line with our Business Development Strategy, clinical alliance with LTHT and our STP. At the time of writing, HaRD CCG has the ambition to significantly reduce elective and non-elective activity but tangible plans to achieve this are at an early stage of development. This introduces a greater element of risk to activity assumptions for 2017/18 and 18/19 than in prior years.

For non-elective admissions, year on year historical growth and ONS population estimates for the local area for 2015 to 2020 were reviewed. These showed that for our local commissioning area (HaRD CCG), there would be a small overall population growth (around 2%) in the next five years but with a significant increase over the same period for the over 65 years age group (around 9%). The table below highlights the changes, and importantly, the impact across services and/or commission that are speciality or initiative specific rather than general growth.

In summary, the 2017/18 to 2018/19 plan at Trust level is:

POD	2016/17 outturn estimate	2017/18 Plan						2018/19 Plan	
		Growth		Commissioned changes and STP		2017/18 Total			
		Activity	%	Activity	%	Activity	% growth	Activity	% growth
First OP - cons led	61,284	- 276	0%	2,478	4%	63,486	4%	65,846	4%
First OP - non-cons led	25,990	2,446	9%	572	2%	29,008	12%	29,163	1%
FU OP - cons led	116,374	1,484	1%	1,901	2%	119,759	3%	122,096	2%
FU OP - non-cons led	65,508	6,364	10%	766	1%	72,638	11%	75,275	4%
Ward attenders - new	5,050	68	1%	-	0%	5,118	1%	5,132	0%
Ward attenders - FU	3,324	49	1%	-	0%	3,373	1%	3,367	0%
Elective inpatient	3,684	-85	-2%	362	10%	3,962	8%	4,077	3%
Elective day case	27,294	307	1%	3,924	14%	31,525	15%	32,065	2%
Non-elective	18,922	829	4%	-	0%	19,751	4%	19,862	1%

5.1. Capacity to Deliver

18 weeks delivery. The Trust plans to continue to achieve the 18 weeks standard at both Trust and specialty levels whilst delivering increased activity in 2017/18 to 2018/19. The highest risk areas are trauma and orthopaedics and gastroenterology.

Bed capacity to ensure operational resilience. During 2016/17, further work in relation to LOS has enabled 22 beds to be closed within medical wards. This position is continually reviewed alongside our Vanguard programme to ensure we have sufficient capacity to meet patient needs through 2017/18 and 2018/19. Additional beds are now open at Ripon Community Hospital and at Station View (Local Authority Home) which provide additional capacity and flexibility to manage winter pressures. A review of staffing levels for relevant bed-based care will be undertaken in the light of the New Care Model, and adjustments to establishments will be made if applicable.

A&E performance. Achievement of the 4-hour standard has continued to be challenging but the Trust has met requirement in 2016/17 to date. Historically we have consistently achieved this target and plans are in place to ensure we do moving forward. These include local transformation programmes, such as the Vanguard programme and the West Yorkshire Acceleration Zone.

6. Quality Planning:

6.1 Approach to quality governance and quality improvement

Our executive lead for quality is the Chief Nurse, supported by the Medical Director, who is the executive lead for patient safety and the Director of Human Resources and Organisational Development.

The organisation wide improvement approach to maintaining a good CQC rating, and achieving an outstanding rating in the future includes promoting our values and behaviours, and having a clear focus on improving quality in

all that we do. We closely monitor quality performance metrics, and focus our clinical and internal audit plan on priority areas, monitoring implementation of action plans to ensure improvement, prior to further evaluation by re-audit. We monitor and act on staff feedback using the staff friends and family test (FFT) and national staff survey, and patient feedback using the patient FFT, compliments, concerns and complaints. We have established processes for investigating and learning from errors and incidents, and promote a robust safety culture which is monitored using a suite of metrics. There are regular unannounced Director inspections to assess compliance against a clear framework, and patient safety visits that encourage staff engagement with the Board in relation to patient safety.
The key quality governance structures and processes at ward and department level are the quality of care teams. These are planned multidisciplinary meetings with defined standards which include:

- Promotion of quality improvement including in relation to Trust and directorate initiatives
- Review of key performance indicators and the departmental risk register
- review of complaints, incidents and audits, and monitoring of progress with action plans to deliver learning and change in service delivery
- celebrating success and innovation

There is an expectation that information from these meetings is shared with the wider team, and reported within the directorate governance structure. Within clinical directorates and across the Trust, there is a framework of groups and committees with appropriate representation, focused on progressing work relating to specific aspects of quality, quality improvement and innovation. These report by exception to directorate boards, steering groups or the Clinical Transformation Board that all report into the Senior Management Team (SMT). The latter is chaired by the Chief Executive who provides a summary report to the Board. The SMT monitor quality and integrated dashboards, and agree Trust wide quality priorities each year, taking into account local and national performance and initiatives. There is a lead appointed for each quality priority with improvement targets, work plans and metrics agreed and monitored by the Quality Committee. Assurance and progress in relation to clinical audit and internal audit are monitored by Quality Committee and Audit Committee respectively. Together with the quality and integrated dashboards, and specific reports from the executive leads, the Board is kept informed about quality and quality improvement.

Our Innovation and Improvement Strategy details the building of quality improvement capacity and capability in the Trust to implement and sustain change. Every quality improvement project or intervention delivered has clear targets set from the outset. Measures are used to indicate whether the changes made have actually secured an improvement in quality. The development and delivery of our Quality Charter is the key vehicle for building quality improvement capacity within the organisation and has been developed as part of our commitment to:

- Reward and recognise our colleagues who carry out improvement activities
- Celebrate the everyday successes that our colleagues achieve

The Charter has been built on four 'joining' elements and we have set specific actions for each of these:

1. Setting our **ambition** for quality and safety
2. Promoting staff **engagement**
3. Providing **assurance** on care quality
4. Supporting a positive **culture**

The Quality of Care Champions scheme is being delivered as part of the Charter. It is open to all employees, regardless of job role. This scheme recognises and rewards colleagues who undertake training and deliver quality improvement work. It facilitates personal and professional development by providing a structured framework for progression from “preparing” (bronze level) to ”excellence” (platinum) through “delivering” (silver) and “teaching “ (gold) levels. Quality of Care Champions, no matter what level they are working at, will receive a certificate and pin badge in recognition of their knowledge and achievements in quality improvement. Other elements of the Charter include Making a Difference awards, Team of the Month, Quality Conference and quality campaigns.

6.2 Summary of the quality improvement plan

Our quality improvement plans in relation to local and national initiatives include:

National and local clinical audits
HDFT has an annual programme of clinical audit which incorporates a balance of both national and local priorities. The Trust participates in relevant audits within the National Clinical Audit and Patient Outcomes Programme (NCAPOP). We review our performance from all local and national audits we undertake using either locally

produced or national benchmarking reports respectively, to identify areas of good practice and where improvements can be made.

The four priority standards for seven day hospital services

To support the delivery of high quality urgent and emergency care every day as identified in the Five Year Forward View, 10 clinical standards were developed by the NHS Services, Seven Days a Week Forum led by Professor Sir Bruce Keogh. From these 4 were identified as a priority:

- Time to Consultant Review
- Access to Diagnostics
- Access to Consultant-directed interventions
- On-going review

There are 3 phases to the implementation of these standards nationally, which commence with the 5 specialist service areas (vascular; stroke; major trauma; heart attack; children's critical care) in 2017. There are then 2 further phases to reach the ambition of >95% of the population being covered by hospitals meeting the 4 priority standards.

HDFT has not been identified as a phase 1 site; however HDFT, as part of the West Yorkshire Urgent and Emergency Care Network, is working with the rest of West Yorkshire and will be developing a local strategy to develop services to support the standards. The Trust is utilising the benchmarking data which is being produced from the national seven day service audit to identify the key areas of focus along with the gap analysis work which has already been completed.

Safe staffing and care hours per patient day

HDFT ensures safe nurse staffing of inpatient areas through implementing recommendations of the safe staffing guidance issued from the National Quality Board and monthly monitoring of actual versus planned staffing levels by the Board. We plan to review the expected staffing guidance from NHS Improvement for other nurse staff groups when available. HDFT is also improving roster practices and will review our performance in relation to care hours per patient day with the aim of ensuring we have the right staff, in the right place at the right time.

Improving the quality of mortality review and serious incident investigation and subsequent learning and action

The Trust will continue to implement a standardised, systematic, evidence-based mortality review programme that can drive improvement in the quality and safety of patient care. We have been working with the Improvement Academy, part of Yorkshire and Humber AHSN to better understand and learn from hospital deaths, and the Improvement Academy is now working in partnership with the Royal College of Physicians to deliver a national Mortality Case Record Review Programme based around this structured judgement case note review method. This Trust is a pilot site for roll out of the national programme in England and Scotland.

Any serious incidents requiring investigation (SIRI) will continue to be subject to a root cause analysis and learning review. Comprehensive SIRIs will have a team assigned, including a trained senior investigator, Non-executive Director, and staff and patient support officers, to undertake a detailed review and to prioritise subsequent learning and action.

Infection prevention and control

The Trust has an established Healthcare Associated Infection (HCAI) Improvement Plan which evolves in response to national and local initiatives and issues. The revised Infection and Prevention and Control (IPC) Committee structure will support ongoing review and implementation of this plan, as well as devolved responsibility for HCAI to directorate management and clinical teams. Over the next two years the focus will be on assurance that action plans arising from root cause analysis investigations are implemented.

The Hospital and Community IPC Teams will continue to lead the Trust and also the North Yorkshire CCGs in a whole health economy approach to respond to HCAI challenges including *C. difficile*, staphylococcal bacteraemia and the anticipated new initiative requiring reduction of Gram negative bacteraemia cases.

The North Yorkshire TB Team will work towards implementation of the 2016 NICE guidelines with a particular emphasis on screening of "at risk" groups and individuals for latent TB infection.

Other initiatives included in the quality improvement plan are detailed below:

Initiative	Plans

Falls	Our priority is to continue to work towards effective falls prevention in hospital and to reduce the number of falls and the level of harmful falls of people in our care. This will be achieved by: • Actively participating in national inpatient falls audits and incorporating key recommendations into our patient care. • Focusing on training our workforce of clinicians, therapists and support teams by raising awareness of how to reduce falls in older people. • Increasing clinic capacity for the multidisciplinary falls clinic by developing a specialised advanced care practitioner. • Prioritising protocols of care and management of patients who have fallen in hospital, by improving guidance and documentation used by doctors and nursing teams. • Promoting safety huddles which encourage doctors, nurses, therapists and support teams to work together to reduce inpatient falls. • Regularly review and implement technology when and where appropriate. • To introduce a review and pathway for older people, at risk of falls, seen within the Emergency Department. • Continue to liaise closely with GPs, community and voluntary groups to support and promote their evidence based community exercise programmes; and raise awareness of older people of the positive impacts that exercise, in a social environment, can have on their levels of confidence, stability and mobility and ultimately result in the reduction of falls in older people.
Sepsis	• Continue the progress already made on screening patients for sepsis, ensuring that patients with severe sepsis are rapidly identified and intravenous antibiotics administered as a priority. • Implement a sepsis module on our electronic observation and escalation system Patientrack to facilitate this. • Implementing sepsis screening and management using UK Sepsis Trust tools into the GP out of hours service and this will continue to be embedded.
Pressure Ulcers	• Continue to support a “zero tolerance” approach to avoidable pressure ulcer development in people who are receiving nursing care, which will be supported by our pressure ulcer prevention strategies including training and investigation processes
End of life care	• Complete and introduce our end of life strategy, continuing to focus on supporting staff to provide person centred high quality care at end of life across the organisation, developing metrics that can be monitored, providing transparency and assurance.
Patient Experience	• Focus on ensuring frontline staff are empowered to proactively seek out dissatisfaction, resolving minor problems informally as quickly as possible. The Patient Experience Team will continue to promote the resolution of issues with clinical teams efficiently, and ensure patient feedback is used to identify opportunities to improve patient care.
Anti- microbial resistan	• Continue to focus on antimicrobial stewardship (AMS) using regular audit to monitor prescribing trends and identify areas for development. We will continue to engage prescribers through education, awareness events and the sharing of individual Consultant prescribing data. Targeted AMS ward rounds will continue with emphasis on reduction of broad spectrum antibiotic use. The laboratory will make changes to the reporting order of antibiotic susceptibilities to encourage use of narrow spectrum agents. Local antibiotic resistance data will be shared annually.
Mental health standards (Early Intervention in Psychosis and IAPT)	• Support a place-based ambition to achieve 60% of people experiencing a first episode of psychosis will commence treatment with a NICE approved care package within 2 weeks of referral by 2021. There is also an ambition to improve the proportion of people referred to Improving Access to Psychological Therapies (IAPT) starting treatment within specified timeframes, and having an effective response to treatment.
Actions from the Better Births review	• Following review of the Better Births Review we will consider developing community hubs, whilst implementing small teams of community midwives, aligned with a named Consultant, to improve continuity. We are reviewing the impact of transitional care on Pannal Ward on staffing and resources, and also reviewing the provision of a midwife led care facility. Business cases to be developed for a specialist perinatal mental health midwife to meet the national recommendations and to deliver training for all midwives and obstetric staff, and also to support the purchase of the Birthrate Plus® acuity tool. Electronic maternity records will be part of the planned Trust wide implementation.

National CQUINs

The Trust will prioritise the requirements of the 2017-19 national CQUIN scheme, these being:

- Improving staff health and well-being
- Supporting proactive and safe discharge
- Reducing the impact of serious infections
- Improving services for people with mental health needs who present to A&E
- E-referrals, and preventing ill health by risky behaviours – alcohol and tobacco
- Advice and guidance

Local quality priorities will continue to be agreed with stakeholders each year, and plans and subsequent progress and results will be reported in the Trust's Quality Account. The quality priorities for 2016/17 have been to:

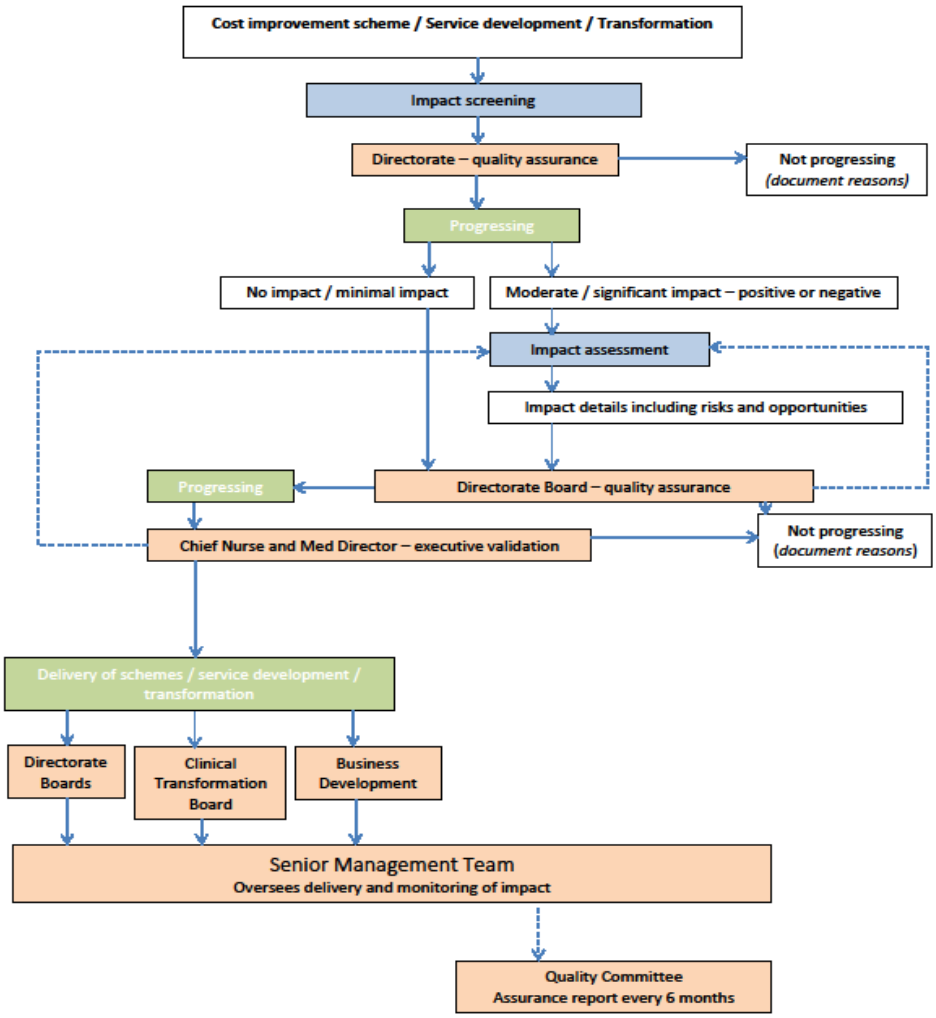
1. Reduce morbidity and mortality related to sepsis;
2. Improve the care of people with learning disabilities;
3. Provide high quality stroke care demonstrated by improvement in national indicators;
4. Improve the management of inpatients on insulin.

We will engage with local stakeholders to reflect on progress with these, consider other local and national priorities including the West Yorkshire and Harrogate STP, and agree specific areas for quality improvement to support these ambitions during 2017-18/18-19. Work in relation to current priorities will continue.

We will be supporting individual and community resilience, and will continue to implement our New Care Model: What Matters to Us, whilst evaluating outcomes to ensure it delivers the right place-based solution of integrated care. We will be taking a system approach to reducing demand and variation in elective care and are using Right Care methodology, the Elective Care Rapid Testing Programme (100 day challenge) to work on clinical thresholds. We will continue to support the establishment of a referral management service with clinical review, and develop our Out of Hospital Strategy. There will be a focus on self-care, prevention and early intervention, and the promotion of evidence based lifestyle prevention services, including the roll out of a diabetes prevention programme during 2017/18. These areas of focus are in line with our STP.

Summary of quality impact assessment process

We have a robust QIA process in place. This is outlined in the flow chart below:



Summary of triangulation of quality with workforce and finance

The Trust will continue to triangulate intelligence in relation to quality, performance, workforce and finance, using this to monitor and improve the quality of care and enhance productively. The Integrated Board Report includes key indicators for each and is reviewed monthly at SMT, the Quality Committee and the Board of Directors.

Quality	Workforce	Efficiency	Finance
Safety Thermometer performance	Safer staffing levels	Readmission rates	Cash balance
Incident data relating to pressure ulcers and falls	Staff FFT	Length of stay	CIP achievement
C. Difficile data	Appraisal	Theatre utilization	Capital spend
Mortality	Mandatory training	Delayed transfer of care	Agency spend in relation to pay spend
Complaints	Sickness	Outpatient DNA rate and New to follow up ration	NHS improvement financial performance assessment
Patient FFT	Staff turnover rates	Day case rate	
Maternity Specific Indicators			

7. Approach to Workforce Planning

7.1 Approach to workforce planning with clinical engagement

The Trust recognises that to deliver high quality services, it needs the appropriate skilled workforce. We have continued to strengthen workforce development and planning in parallel with clinical engagement to determine how services and clinical pathways can be provided more efficiently and innovatively. This is facilitated by the Health Education England's (HEE) annual workforce planning tool. The clinical directorates also produce annual business plans which contain their workforce plans and inform the annual workforce planning process including determining expansion, contraction and new roles for education commissioning.

The West Yorkshire and Harrogate STP is supported by a Local Workforce Action Board (LWAB). The LWAB has established a workforce programme built on the requirements of the STP priority areas. These include a focus on; the primary care and public health workforce, the registered and non-registered workforce, prevention at scale and flexibility and resilience.

The West Yorkshire Association of Acute Trusts (WYAAT) has also established four key workforce priorities. These are: the development of an internal and collaborative bank, collaboration between Occupational Health functions, making best use of the apprenticeship levy through participation with a Regional Centre of Excellence, and streamlining systems and processes across provider organisations to deliver consistency and efficiency between organisations, including the movement of staff across the STP footprint.

7.2 Local clinical strategy and workforce impact

The Trust is a Vanguard site for New Care Models and we are involved in re-designing our services to create an integrated health and social care model. The first pilot for this work launched in February 2016 with further roll out across services throughout 2016/17. The aim of this work is to provide a more comprehensive, integrated service model to reduce the need for acute admissions into the hospital setting and provide care closer to home. Work will also progress to support our local care sector through initiatives such as the provision by the Trust of clinical skills training. Further work is taking place with Skills for Health to develop and agree the key competencies required in our community workforce to support the model of providing care at home or as close to home as possible.

The Trust has developed a clinical workforce strategy for delivery over the next five years. The mission of the strategy is to have an efficient, productive, skilled and resilient workforce, providing high quality sustainable health and care. Further details are contained within the Clinical Workforce Strategy.

7.3 Local Workforce transformation programmes

The Trust's Clinical Transformation Board has four work streams; including Workforce. Under the workforce transformation programme there are five work streams:

- Leadership and Management Development
- Health and Wellbeing
- Clinical Workforce Strategy
- Culture and Transformation
- Workforce and Redesign and Reward

The aim of these work streams is to deliver a high quality, productive workforce and recognise that engagement and culture need to be combined with specific redesign and reward initiatives and underpinned by a programme of support for the health and wellbeing of staff.

In terms of specific productivity improvements, the following initiatives will provide benefits in 2017/19

- Continued roll out of Mentally Healthy workplace training, which has been developed by NHS employers
- Extend the pilot programme of staff health and wellbeing
- Review skill mix and local terms and conditions of employment
- Ensuring all senior medical staff employed in the Trust have a Job Plan with clear objectives identified
- Continued use of Oceans Blue software to drive compliance and efficiency in the use of our staff rosters
- Continued use of Comensura neutral vendor solution for locum medical staff bookings
- Development of an internal bank with potential to be extended across the
- Launch values based recruitment across the Trust

7.4 Use of e-rostering and reduction in reliance on agency staffing

The Trust has fully rolled out and implemented e-rostering across all identified areas, using Rosterpro.

The Trust is continuing to work with Oceans Blue to assist with a review of the efficiency of rostering arrangements across inpatient ward areas including Emergency department and ITU. The aim of this work is to improve rostering practise across the Trust to ensure that efficiencies are delivered, through effective deployment of staff across the Trust. This programme will enable the Trust to reduce NHS Professionals spend within the pilot areas and we will expand this pilot in 2017/19 to share best practise and maximise the Trust's ROI. Rostering KPI's have been incorporated into the monthly Integrated Performance Report that is reviewed by Board.

One of the WYAAT priorities is the development of internal staff banks for registered nurses and medical staff in the first instance. This will reduce reliance on expensive agency staff across the West Yorkshire and Harrogate system.

7.5 Alignment with Local Education and Training Board plans

The Chief Executive HDFT is the chair of the West Yorkshire and Harrogate Local Workforce Action Board (LWAB). The Trust's Director of Workforce and Organisational Development is also a Board member of the LWAB as well as the newly established Local Education and Training Board for the North of England.

At a local level we continue to review existing roles as well as develop and implement new roles. The Trust is currently piloting a programme for Advanced Clinical Practitioners (ACP's).

The Trust has also worked in partnership with HEE to develop the Global Health Exchange programme, predicated on the principle of Earn, Learn and Return. This programme sets out to develop an ethically and financially sustainable approach to international recruitment across the NHS.

We are currently working with the Local Education and Training Boards (LETB) and Skills for Health to develop our strategy for employing apprentices, specifically the use of apprentices in Health Care Assistant roles. It is our intention to develop a bands 1-4 career development pathway and bridge into nurse training. To support the achievement of this we are focused on building our relationships with local schools and colleges through the use of Health Ambassadors. This work will continue to be developed and implemented in 2017/19.

The Trust provides practice placements with York University and meets the standards set out in the Practice Placements Quality Assurance requirements (PPQA). The Trust has opened up additional training placement capacity for student nurses to join the Trust for a dedicated undergraduate nurse programme with all placements based at this Trust. In the next financial year we are also seeking to work with other local universities and the Open University to commission our own programmes to further support the conversion of student nurses into employees once qualified. It is envisaged that this will enable the Trust to further reduce spend with NHS Professionals as well as agency staff.

7.6 Balancing of agency rules with the achievement of appropriate staffing levels

We are fully committed to providing safe staffing levels as part of our drive to deliver high quality care to our patients. However, we recognise the importance of controlling agency spend and will ensure that this is achieved

without compromising safety. Progress against the implementation of the NHS Improvement Agency Cap rates of pay is being made across the Trust. The Trust has implemented the capped rates along with an escalation process should there be a need to pay beyond current Agency cap for patient safety reasons.

HDFT is currently below the agency ceiling by 17% and ranks 19 out of 71 in the North region.

We are also engaging with our existing workforce to establish alternate methods of maintaining safe and effective services i.e. acting up/down protocols and we will ensure that we have effective internal controls to maintain visibility of both risks and of opportunities for improved rate control. We will utilise our existing neutral vendor model of locum procurement to ensure we prioritise our control of medical locum spend through effective negotiation with agencies and where necessary individual locums. HDFT is also part of the WYAAT where we are working with other providers across the region to share best practices and undertake a shared approach to the implementation of agency caps.

In addition to controlling agency spend, the following initiatives are also in place:

- Utilising international recruitment to achieve the appropriate substantive staffing levels,
- A recruitment and retention package for the Emergency Department which includes CESR programme as well as a recruitment and retention premia.
- Investment in new roles such as Advanced Care Practitioners and exploring opportunities for Physician Associates in response to current and anticipated service demands and workforce supply issues.
- Review of the Trust's undergraduate nursing commissions is also taking place with a view to facilitating recruitment from the existing workforce and the local population.
- Review our contractual arrangements for 17/19 with NHS professionals (our supplier of bank nurses).
- Actively work with HEE (Yorkshire and the Humber) to minimise the number of vacancies or gaps that the Trust experiences following regional Doctors in Training recruitment processes.
- Appointment of further Medical Training Initiative and Clinical Fellow posts to support a number of specialities and to strengthen our arrangements for the provision of services out of hours.
- Establishment of a Board level committee to oversee and control expenditure on our temporary workforce.

7.7 Workforce risk areas review

As indicated in section 6, the Trust has well established Quality Governance processes in place which receives an integrated Board report each month that triangulates workforce indicators such as sickness, agency usage and appraisal rates with quality and efficiency indicators.

The key risks are highlighted below:

Risks	Mitigation
National Contract Negotiation for Junior Doctors and Consultants	Engagement sessions held with the Junior Doctors in relation to the proposed changed to the Junior Doctor contract. Robust planning of services to mitigate the impact of Industrial Action on patients. Maintaining good levels of partnership working with trade union and staff representatives.
Labour Market conditions and difficulties recruiting Registered Nurses, Medical staff including Junior Doctors and Middle Grades.	All medical locums booked via the Comensura neutral vendor model other than in exceptional circumstances. The Trust has also implemented the NHSI agency cap process with a clear escalation protocol, including Chief Executive oversight where appropriate. ACP programme is also implemented with the first cohort completing training in 2017. LETB encouraged to commission additional training posts such as ACPs to reskill mix the workforce to become less reliant on medical rota. Local recruitment campaigns held for nurse recruitment including: open days, social media campaigns, University careers events. We have also developed the Global Health Exchange model with HEE and part of the pilot group of providers to secure registered nurses from India.
Quality of training experience for Doctors in Training within the acute rota's.	Engagement is on-going with trainees, Directorates and Educational Supervisors in relation to the challenges in the provision of services particularly out of hours. Action plans have been developed and the Director Team/Senior Management Team is cited on these and progress being made.

8. Approach to Financial Planning

8.1 Overall Financial Challenge

The Trust recognises the financial challenges both within the NHS and across the public sector as a whole. The Trust recognises the opportunity to provide further resilience through the S&T funding offer, and through working with our local and regional partners within our STP footprint and beyond. The Board is absolutely committed to delivering our agreed control total in both 2017/18 and 2018/19 and to making the necessary efficiency savings to enable the Trust to continue to develop based on a robust financial position.

8.2 Financial performance 2016/17

A plan to deliver a surplus of £6.8m (including £4.6m S&T funding) was developed in line with our control total and as at the end of Q2 we are in line with delivery of this plan. Pressures continue in relation to medical and nursing costs and ensuring savings made during the year are recurrent, and agreed activity plans remain to be wholly delivered. However, actions are being taken and the start point assumed for 2017/18 planning is full delivery of our financial plan in the current year.

It is recognised that across our local health economy there are particular financial risks being experienced by our local CCG. Work is ongoing to reduce the current level of Harrogate hospital demand that presents as activity for HDFT, but at present the level of demand reduction will not deliver the necessary cost reduction to achieve financial balance across the whole system. This will have an impact upon contracts and planning for 2017/18.

8.3 2017/18 & 2018/19 Planning Assumptions

By accepting the offer of the Sustainability and Transformation (S&T) Fund, the Trust is committed to delivering a surplus of £5.9m in 2017/18 and 2018/19. This is an underlying surplus of £2.1m pre impairments and transfers, supported by the general element of S&T Fund of £3.8m. The Board supports the achievement of this control total.

Planning Assumptions

	£'m
2016/17 underlying surplus plan	2.2
Tariff Cost Pressure National Assumption	4.2
Tariff Efficiency Requirement National Assumpt	-4.0
HRG4+ Impact, national assumption	-0.7
CNST impact above national assumption	-0.4
Readmissions changes	0.8
Pay inflation, uplift and NI	-1.9
Apprenticeship Levy	-0.6
Cost Pressures	-2.2
Private Patients Reduction	-0.6
MDD changes	-0.7
Non Recurrent CIP	-4.3
Activity Increase	3.8
Activity Infrastructure	-1.3
Other	-1.0
CIP Target	**8.9**
2017/18 Underlying Plan	2.132

CIP Percentage	4.15%
Recurrent Percentage	2.14%
Non Recurrent Percentage	2.01%

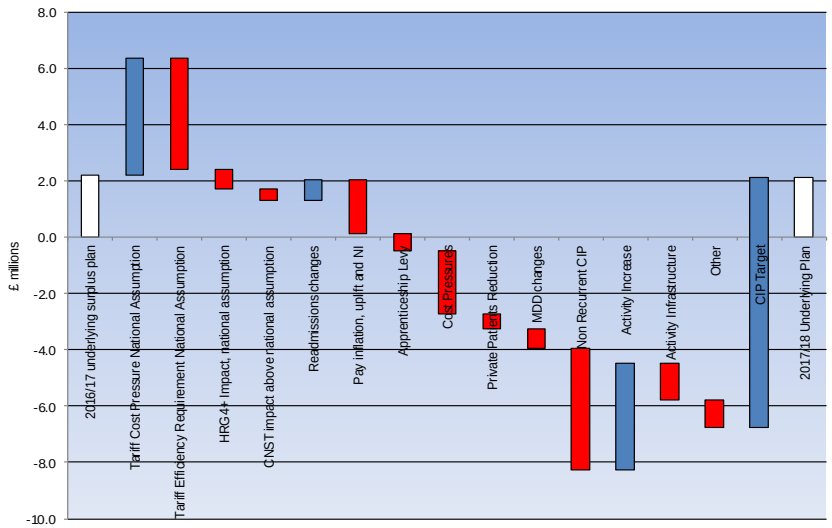


Figure Two: Trust wide Bridge analysis 2017/18

The changes outlined above are discussed in more detail in the plan breakdown section below. The cost improvement programme is discussed in more detail under the Efficiency section.

National Tariff Impact and HRG4+

The national tariff and associated efficiency requirement result in a net uplift of 0.1% which has been included within our income assumptions. In addition, there is an increase in tariff due to the CNST impact which has been factored into our plan.

The impact of HRG4+ is continuing to be assessed due to further changes within the consultation tariff. In terms of our plan, we have used our assumptions, but recognise that these differ from the CCG allocation adjustment. This assumption will be updated as further modelling work is undertaken when the final post-consultation tariff is released.

CNST premium

Whilst the average increase of CNST premia have been incorporated within individual tariff prices, the CNST increase for HDFT is in excess of 30% for 2017/18. This has resulted in an additional cost pressure of £0.4m that is included within our financial plan.

Review of Readmissions Rule

As part of our contract agreement for 2016/17 with HaRD CCG we agreed to undertake an audit of readmissions. This would reset the deductions made and we are anticipating that this will reduce the non-payment for activity by around £0.5m from HaRD CCG. It was agreed that any change would be implemented from 1.4.17.

This audit has been completed for Leeds patients, and we have agreed a reduction in the non-payment for activity of £0.3m with Leeds commissioners.

Pay inflation and uplift

In line with national assumptions, a cost pressure of £1.9m is planned in relation to the anticipated pay award and incremental pay pressures for 2017/18.

Apprenticeship Levy

The Trust will incur a cost of £0.6m as a result of the apprenticeship levy being introduced from April 2017. We are currently reviewing our strategy for apprenticeships to ensure that we manage to draw down as much of the levy as possible to support training and employment at the Trust.

Cost pressures

Funding has been identified in the plan to meet anticipated cost pressures up to the national tariff setting assumptions. Work has been undertaken with Directorates to identify and manage future cost pressures within the funding identified, and budgets will be set on this basis.

Contract Changes and Private Patients

The local authority contracts for Middlesbrough, County Durham, and Darlington in respect of community children's' services were phased over the period of the individual contracts, with an element of pump priming for set up costs in 2016/17. There is therefore a reduction in income in relation to these contracts as planned.

In terms of private patients, we have reset (reduced) the baseline for private patient income in line with current activity levels. An action plan is being implemented in relation to short term improvements in PPI and this will be factored into future plans once delivery is assured.

Activity increases/ changes

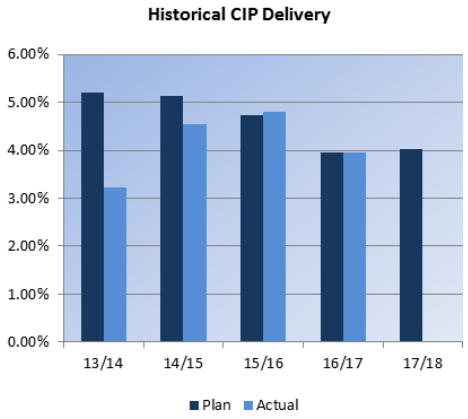
Clearly our activity could be from different commissioners and in particular Leeds, but based on our activity modelling we are planning additional income of £3.8m of which £2m relates to HaRD CCG. Infrastructure funding of £1.3m has been identified to enable the cost of provision to be appropriately funded.

Efficiency

The Trust will drive forward the delivery of efficiency with the Clinical Transformation Board (CTB) and Business Development Strategy supporting Directorates to deliver Cost Improvements (CIPs). This support is advancing, recognising the need to meet an increasingly challenging transformational programme.

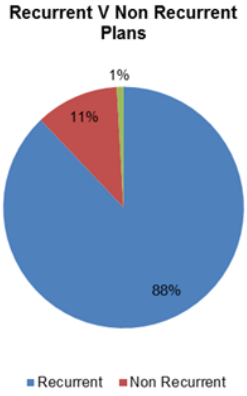
The Trust is working with our local CCG to ensure a joined up approach to efficiency savings. The Trust is also fully engaged in the regional STP work that builds on the national themes of back office functions, pathology and unsustainable services, as well as further local work to identify potential opportunities.

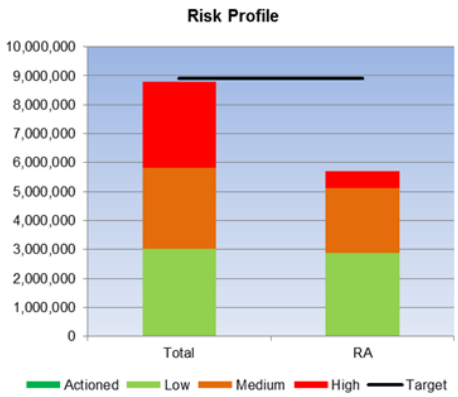
As described earlier, the Trust CIP target is £8.9m. It is recognised that the 4% target represents a challenging target, particularly when compared to the national efficiency target of 2%. The additional value is a result of non-recurrent CIPs from previous years. Although this is challenging the graph to the right provides reassurance that the Trust has historically met these challenges. We have processes in place to give assurance and confidence that this will be achieved.



Current plans are in place for 99% of the target; however, there is varying degrees of risk in the schemes that are in place. In order to account for this a risk adjusted methodology is used, giving recognition in planning terms for 95% of low risk plans, 80% of medium risk plans and 20% of high risk plans. The current position is therefore summarised below and reflected in the APR return:-

Summary	Target	Actioned	Low	Medium	High	Total	Total %age	Risk Adjust	Risk Adj %age
Corporate Services	1,600,000	0	958,050	261,300	359,200	1,578,550	99%	1,191,028	74%
Planned Care	2,732,000	0	955,901	275,167	1,591,252	2,822,320	103%	1,446,489	71%
LTUC	3,221,197	0	546,800	1,879,400	759,200	3,185,400	107%	2,174,820	73%
CCCC	1,346,803	0	560,680	392,978	261,938	1,215,596	90%	899,416	67%
Total	**8,900,000**	**0**	**3,021,431**	**2,808,845**	**2,971,590**	**8,801,866**	**99%**	**5,711,753**	**64%**





This risk-adjusted methodology is used to outline the value of plans in place for 2017/18. At 64% this is clearly a risk to the Trust. Work is focused on making schemes more robust, and developing implementation plans so that savings are realised from April. Monitoring of performance against these plans will be undertaken as part of the monthly finance and activity meetings with each directorate.

The funding of any service development will be subject to the delivery of the CIP as outlined below.

Service Pressures

The Trust, through the Directorates, is identifying potential service pressures. As with previous years, the Trust will not be funding service pressures until achievement of the CIP and the Trust's financial plan is assured. Where appropriate these pressures will be shared with Commissioners to ensure that a commissioning opinion is obtained about any priorities.

Any service pressures developed by Directorates will be subject to the Trust's usual business case process, which involves a robust post project evaluation following implementation. Where business developments are taken forward, a bid/no bid tool has been created to ensure the scheme is in line with our strategic objectives.

Cash

The current financial plan does not assume any favourable cash profile from Commissioners. The profile payments will be in line with contracts and will result in a cash balance at the end of 2017/18 of £14.4m, and at the end of 2018/19 of £15.2m.

In terms of receipt of S&T funding, income is currently profiled equally across the year, with cash payments made in August, November, February and March. At present this includes the total cash payment, including that made in relation to performance measures.

Contracting position

The contract with our main commissioner (HaRD CCG) will be challenging to agree and there remain significant elements of difference in our respective planning assumptions. These differences have been highlighted through a joint system meeting with NHSE and NHSI, and we have indicated that we will not be in a position to agree a contract by 23rd December and are therefore requesting mediation.

In summary the current position in relation to the ***acute*** contract with HaRD CCG is as follows:

	HaRD CCG £m	HDFT £m	
Forecast outturn	92.7	92.5	Before impact of 16/17 QiPP recovery plan
16/17 QiPP	-7.7	-0.7	
Tariff	0.5	0.5	Including CNST within prices
HRG4	-0.8	0.0	The CCG have lost resources as a result of national calculation. Our estimate is that we will not lose income as a result of HRG4+.
Growth	0.9	2.0	
IR rules	-0.4	-0.4	Assume matched with NHSE
other	0.5	0.5	
QiPP 17/18	-1.6	0.0	No plans as yet
Proposal before Vanguard	83.0	94.4	
Vanguard cost reduction in acute care	-3.9	0.0	To be discussed. Value Proposition has been submitted and we await feedback from the NCM team. CCG proposal to increase community contract by £2.2m funded by some of these savings.
Current offer	79.1	94.4	

The most significant issue relates to the deliverability of the QiPP programme in both 2016/17 and 2017/18. The forecast outturn for 2016/17 is consistently understood by us and the CCG if no action is taken. There is though a significant difference between the CCG's expectation of financial recovery in 2016/17 through management of activity and our own. As the table above indicates, the CCG contract offer seeks to reduce the acute contract from a currently anticipated outturn of £92.7m to £79.1m, a reduction of £13.3m or 14%. Recognising that part of this reduction is to fund the community contract, and ignoring technical adjustments relating to tariff and HRG4, the underlying activity change is a reduction of £9.3m, or 10%. We are working with the CCG to manage demand for hospital services and are engaged in the work to implement new clinical commissioning thresholds, but we do not expect there to be the impact of over 10% that the CCG are planning for.

In terms of financial risk to the Trust through a reduction in activity, our strategy is to reduce the amount of activity undertaken in hospital for HaRD CCG. This will enable us to free up bed capacity and increase the capacity we have available for undertaking work from other commissioners (in particular Leeds) or by repatriating NHS work that is currently undertaken within the private sector. This strategy is in line with the WY and Harrogate STP. For this reason it is important that if activity does not reduce from HaRD CCG then we continue to be paid for the work we do, because clearly if we are undertaking work for HaRD we cannot substitute activity from other sources.

In relation to the acute contract, whilst PbR remains the contractual mechanism the risk to our plan is one of cashflow rather than income. Whilst currently planning on a cash profile that is in paid in 1/12ths, to mitigate cashflow risk if a contract is agreed that is below potential activity levels, we will be seeking to agree a profile that reflects the timing of costs being incurred.

With regard to the community contract, this is a block contract and the current proposal (excluding Vanguard) from the CCG is not unreasonable and through the normal process of negotiation is likely to be agreed.

The contractual mechanism to manage the Vanguard programme is still being discussed. A proposal is to have a block element for services within the scope of the Vanguard work, including medical non-elective activity. There is agreement that any investment in community services needs to be funded through reductions in cost elsewhere across the local system, including the hospital service. The contractual discussion relates to the management of risk and the level of cost reduction that can be anticipated from within acute care, primary care, mental health and social care as a result of an increase in community capacity.

In relation to other commissioners we expect to be able to agree contracts in line with our planning assumptions. Significantly, as we have expanded our community children's services beyond North Yorkshire, we have a range of non-NHS contracts already agreed and in place for the planning period.

8.4 Use of Resources rating

The Use of Resources rating for 2017/18 is as follows:-

Metric	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Capital Service Cover	1	1	1	1	1	1	1	1	1	1	1	1
Liquidity	1	1	1	1	1	1	1	1	1	1	1	1
I&E Margin	1	1	1	1	1	1	1	1	1	1	1	1
I&E Variance	1	1	1	1	1	1	1	1	1	1	1	1
Agency ceiling	1	1	1	1	1	1	1	1	1	1	1	1
Use of Resources	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**

8.5 Financial risk and Sensitivity Analysis

The Trust has assessed the key financial risks as agreeing an acute contract with HaRD CCG, the costs of the Vanguard programme (and impact on community contract), and delivery of our internal CIP.

These risks have been further explored, and an assessment undertaken and mitigations identified. The table below summarises the impact:

Issue	Financial Risk (£m)	Our Assessment of Risk (£m)	Comments/Mitigations
HaRD Contract	11.4	2.0	Strategy in relation to switching activity. ST priority in respect of elective centres and repatriation of work from private sector. Inc contingency (£1.0m) within the plan.
CIP Delivery	2.3	1.0	Continued development of programme pre Contingency within the plan (£1.5m).
Vanguard Programme	1.7	1.0	National funding decision. System-wide commitment. Contract discussion to ensure neutrality.

8.6 Capital Planning

The Trust has progressed with the development of its Capital Estates Strategy in 2016/17 and started to develop the Business Case for the redevelopment of the Briary Wing, which will be vacated by the current occupier Tees Esk and Wear Valley (TEWV) when they move to new accommodation in 2017/18. A number of options for the use of this facility have been identified and are being appraised to determine the preferred solution. The key aim of the Trust is to ensure any future use provides sufficient capacity for the organisation in the long term, as well as addressing other quality issues on the site.

In addition to this work, a number of other schemes are also being progressed. These include the upgrading and extension of our decontamination facilities and the provision of a new Endoscopy unit. This business case has been approved internally at a total cost of £6.8m, with a pay back of 5 years and a positive contribution of 58% and is ready to be progressed. This scheme will give vitally needed diagnostic capacity and has been included within our STP plans.

Planning for additional theatre capacity which was included within the 2014 Capital Strategy has been deferred until the work in relation to the future use of Briary Wing has been completed and is in line with our STP work in relation to the development of elective care centres and the potential repatriation of NHS work delivered within the private sector across West Yorkshire and Harrogate.

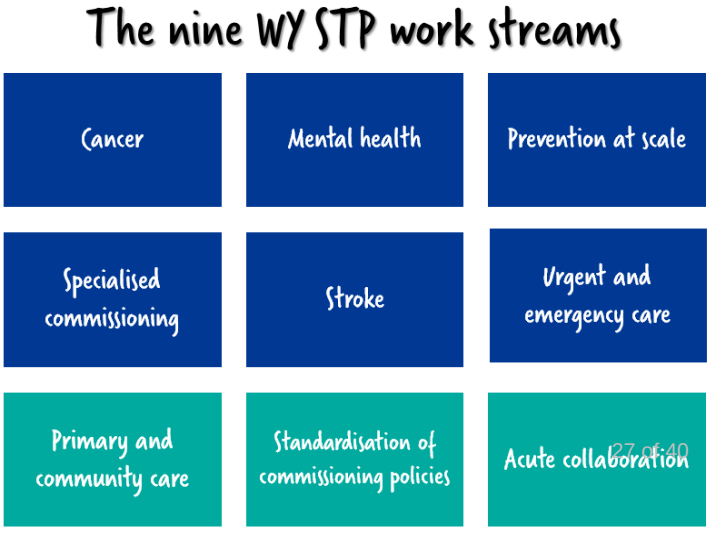
The Trust is also progressing a number of other key developments. A summary of the projects being taken forward over the next two years is detailed below:

Capital Scheme	Total scheme cost £	Contribution to plan	Timescale	Source of Funding
Centralisation of decontamination facilities	3.3m	Improve quality and physical environment	2016/17 to 2017	Loan
Provision of additional endoscopy capacity	6.9m	Improve quality; provide additional capacity to support delivery of additional activity in line with increasing demand and our business development strategy. Income generating	2017/18	Loan
Nuclear medicine scanner	1m	Improve quality , efficiency and enhance clinical resilience	2017/18	Charitable funds
Adaptions to ED department	1m	Improve quality and efficiency. Increase capacity.	2016/17 2017/18	A&E accelerated zone funding

In order to deliver a number of our major Capital projects, it will be necessary to identify alternative sources of funding other than internal cash generated to support the general replacement and maintenance of Capital equipment, as indicated in previous Operational Plans. The Trust has approved funding for the centralisation of decontamination facilities from the Independent Trust Financing Facility (ITFF) and has applied for funding for the new endoscopy facility. The repayment of these loans will be made using increased revenue following the opening to the new facilities in the next three to five years.

Business as usual investment, such as replacement equipment, will be supported using internally generated cash reducing the amount of reactive expenditure which is required. Discussions are ongoing with the Clinical Directorates to agree the Capital priorities to be taken forward over the next two years. Capital allocations will be made to Estates, Theatres, Radiology and IT, which will enable these areas to agree there own set of priorities which support their Clinical Strategies and ensure the delivery of productive safe services.

In relation to the Community Estate, the Trust is continuing to explore opportunities to rationalise the number of properties occupied across Harrogate and North Yorkshire, in conjunction with our partners including NHSPS and local authority. The ultimate aim is to reduce the estate footprint across the patch. Work has been ongoing in 2016/17 in the Northallerton locality, with



the commencement of discussions with a local developer in Northallerton to develop a Community hub, providing accommodation for Podiatry, Community Dental and Children's Services. These negotiations will continue in 2017/18.

9. The Local Sustainability and Transformation plan

The STP for West Yorkshire and Harrogate has been built up from the work of the six health and care economies in West Yorkshire and Harrogate and includes the work that we have taken forward locally in relation to the new care models and delivery of our local QIPP.

HDFT has been actively engaged in the development of the West Yorkshire and Harrogate STP. Our operational plan focuses on a number of key initiatives identified in the STP and details how our organisation will respond to the delivery of these initiatives.

Key elements for HDFT within the 2 year plan are:

- Urgent and Emergency care
- Stroke Care
- Acute Hospital Collaboration

9.1 Urgent and Emergency care

HDFT is part of the West Yorkshire Urgent and Emergency Care Network, this network is one of the eight national Urgent Care Vanguards and is focussed on delivery of the 8 principles of Integrated Urgent Care. As part of the work HDFT is engaged in a region wide Radiology Collaborative, which is leading procurement and developing transformation opportunities for the services. The Network has been designated an Acceleration Zone, with the focus on system wide delivery of the urgent care standards and supporting the rapid roll out of Discharge to Assess and Safer Care Bundles along with enhanced streaming to primary and ambulatory care. This has supported the Trusts Capital plan to provide additional Emergency Department capacity which will support emergency flows going forward.
This development will deliver improvements in quality of care and outcomes for patients.

9.2 Stroke Care

HDFT currently has a hyper acute stroke unit within Oakdale ward. Discussions are ongoing through the Stroke care network to review services across acute Trusts to examine the pathway to ensure patients received most appropriate care in the right place at the right time. These discussions include York Teaching Hospitals Trusts, as the future model is likely to require collaboration with York Trust. This may mean stroke patients being treated in York for the first 72 hours where we can ensure sustainable hyper acute care will be provided. Patients will then return to HDFT for the remainder of their hospital stay.

This development will deliver improvements in quality of care and outcomes for patients.

9.3 Acute Hospital Collaboration

HDFT has a strong history of alliance based working, with well-established clinical alliances with York Teaching Hospitals NHS Foundation Trust (YTHT) and Leeds Teaching Hospitals Trust (LTHT) already in place. We are also a member of WYATT and are in the process of formalising our governance arrangements to enable greater collaboration. A high level programme structure linked to the West Yorkshire and Harrogate STP and WYATT Committee in Common has been agreed.

- **Developing 'Centres of excellence'** approach to higher acuity specialties e.g. hyper-acute stroke, neurology, cancer, vascular, ENT, max fax, eliminating avoidable cost of duplication and driving standardisation
- **Developing West Yorkshire and Harrogate standardised operating procedures and pathways** across services, building on current best practice and using Getting it Right First Time (GIRFT) to drive out variations in quality as well as operational efficiency and facilitating safer free movement of bank staff across providers.
- **Collaborating to develop clinical networks and creating alliances** as a vehicle (e.g. hyper acute stroke, cancer etc.) which will protect local access for patients whilst consolidating skills (and therefore resilience) and reducing operational cost of duplicated facilities. Using GIRFT, outcome variation data and WYAAT work on sustainable services to identify the case for change for specific services, the model being based on the 'chain'

concept.

- **Developing workforce planning at scale** to secure the pipeline of fit for purpose staff and improved productivity, managing workforce risk at system level and supporting free movement of bank and agency staff under single shared Bank arrangements with the aim of reducing spend on agency and reduce the administration costs of the flexible workforce.
- **Delivering economies of scale in back office and support functions** e.g. procurement, pathology services, Estates & Facilities Management other infrastructure e.g. IT. the default position being consolidation.

The WYAAT Programme Approach

The structure of the programme will reflect these priorities as shown in the workstreams below:

Work will continue in 2017/18 to take forward the key initiatives identified.

10. Membership and Elections

Harrogate and District NHS Foundation Trust continues to develop a representative and vibrant membership, offering innovative and active engagement across the organisation.

The Council of Governors are an integral part of the Trust and ensure that we are accountable to the community we serve. They have key responsibilities and, through their work to represent the interests of the members and the general public, strengthen and enhance the Trust's vision and strategic objectives. The Membership Development Strategy guides the drive to encourage a wider and more diverse membership which focusses on quality engagement and promotes the different ways in which we can listen to our service users, both the local community of Harrogate and District and the wider population we serve, our staff, and the many stakeholders across health and social care.

Action plans within the Membership Development Strategy provide detailed examples of membership engagement, activity, and partnership working which have included invitations to free cycle security marking, first aid awareness workshops and Dementia Friends sessions. We have encouraged our members to get involved by becoming Lay Reader Panel Volunteers, Patient Voice Members and Harrogate Hospital Community Charity Fundraising Volunteers. Members have been invited to come and talk to us about their experiences in the Radiology Department as part of a service improvement initiative and to attend a stakeholder event to discuss our Equality Delivery System (EDS2) grading and subsequent actions. We continue to publicise the public Board of Director meetings, public Council of Governors' meetings, the annual Open Event and the Annual Members' meeting and we continue to engage with our younger members through our innovative and award winning Education Liaison and Work Experience programmes. We are looking forward to commencing a new Youth Forum to actively engage with young people in decision making and give them the opportunity to influence future service development. The work of the Youth Forum will be included in the Governors report to the quarterly Public Council of Governors meeting

Over the coming year the Governor Working Group for Membership Development and Communications will continue to focus on membership recruitment and engagement in areas which are under-represented. This includes targeting members in the age range of 22-45 and plans are in place to promote membership via the Trust's maternity services. We hope to promote membership to the wider public and service users in partnership with our community staff and continue to work with key stakeholders and members to reach more people with protected characteristics.

We continue to promote Governor Elections and encourage people to join our Council of Governors to help shape the Trust as we move forward. We use a wide variety of Governor recruitment methods including: prospective Governor sessions held in both Harrogate District Hospital and out in the community, press releases, stakeholder communications and social media. We have commenced electronic voting, in addition to the traditional postal system, and our plans over the next 12 months will continue to focus on promoting this efficient and cost-effective method with our members.

The ‘Rest of England’ constituency aims to reflect the Trust’s growing footprint and we will continue to promote membership in line with service delivery.

The Trust provides a local induction programme and ongoing training and development opportunities for all Governors to equip them with the skills required to undertake their role and meet their responsibilities as set out in the Health and Social Care Act 2012. These include: access to an on-line Governor Resource File, formal induction, departmental tours, introduction to a mentor, invites to educational and network briefings, internal training workshops and encouragement to attend Regional Governor Forums and external training and development provided by NHS Providers.

The Sustainability and Transformation Fund

Assurance Statements

Agreeing performance improvement trajectories (where necessary)

Access to up to 30% of a trust's STF allocation depends on it maintaining delivery of core access standards through 2017/18 and
Where trusts do not have an STF trajectory to deliver the four-hour accident and emergency (A&E) waits, referral to
For sanctions not to be applicable to the relevant standards – ie those covering 12-hour trolley waits, RTT 52-week

Operational Standards

E.B.4	Percentage of Service Users waiting 6 weeks or more from Referral for a diagnostic test
E.B.6	Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment
E.B.7	Percentage of Service Users referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment
E.B.8	Percentage of Service Users waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancer
E.B.9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery
E.B.10	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regimen
E.B.11	Percentage of Service Users waiting no more than 31 days for subsequent treatment where the treatment is a course of radiotherapy
E.B.13	Percentage of Service Users waiting no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers*
E.B.15.i	Percentage of Category A Red 1 ambulance calls resulting in an emergency response arriving within 8 minutes
E.B.15.ii	Percentage of Category A Red 2 ambulance calls resulting in an emergency response arriving within 8 minutes
E.B.16	Percentage of Category A calls resulting in an ambulance arriving at the scene within 19 minutes

National Quality Requirements

E.B.S.4	Zero tolerance RTT waits over 52 weeks for incomplete pathways
E.B.S.7a	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes
E.B.S.7b	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes
E.B.S.8a	Following handover between ambulance and A & E, ambulance crew should be ready to accept new calls within 15 minutes and no longer than 30 minutes
E.B.S.8b	Following handover between ambulance and A & E, ambulance crew should be ready to accept new calls within 15 minutes and no longer than 60 minutes
E.B.S.5	Trolley waits in A&E not longer than 12 hours

By signing below you are agreeing to use all reasonable endeavours to achieve in full the above Operational

Organisation code	RCD
Organisation name	HARROGATE AND DISTRICT NHS FOUNDATION TRUST
Authorised by	
Job title	
Date	

(Please enter an electronic signature)

Financial Planning Self Certification

			00PLANCY	Maincode		Validations	
1	**Self certification**		Self-cert declarations Plan 31/03/2018 Year Ending			Blank cells	Consistency with Pre pop or data entry
			DROP-DOWN	Subcode			
	1. Declaration of review of submitted data						
	The board is satisfied that adequate governance measures are in place to ensure the accuracy of data entered in this planning template. We would expect that the template's validation checks are reviewed by senior management to ensure that there are no errors arising prior to submission and that any relevant flags within the template are adequately explained.	i	Confirmed	SEL0100	NA	OK	
	2a. 2017/18 Control Total and Sustainability & Transformation Fund Allocation						
	The Board has accepted its control total and has submitted a final operational plan for 2017/18 that meets or exceeds the required financial control total for 2017/18 and the Board agrees to the conditions associated with the Sustainability and Transformation fund	i	Confirmed - control total accepted: S&T fund allocation incorporated in the plan	SEL0110	NA	OK	OK
	2b. 2018/19 Control Total and Sustainability & Transformation Fund Allocation						
	The Board has accepted its control total and has submitted a final operational plan for 2018/19 that meets or exceeds the required financial control total for 2018/19 and the Board aerees to the conditions associated with the Sustainability and Transformation fund	i	Confirmed - control total accepted: S&T fund allocation incorporated in the plan	SEL0120	NA	OK	OK
	3. 2017/18 Capital Delegated Limit						
	All NHS Trusts have a capital delegated limit of £15m. Foundation Trusts that fulfil any of the distressed financing criteria in rows 22-24 will have a capital delegated limit of £15m. As set out in the Capital regime, investment and property business case approval guidance for NHS Trusts and Foundation Trusts, providers with delegated capital limits require business case approval from NHS Improvement. Foundation Trusts that do not fulfil any of the distressed financing criteria are subject to existing reporting and review thresholds as per the Supporting NHS Providers: guidance on transactions for NHS foundation trusts (March 2015) Appendix 1 and the Capital regime, investment and property business case approval guidance for NHS trusts and foundation trusts.						
	Please complete below.		FT	SEL0130	NA		
	Are you in Financial Special Measures?	i	Not in Financial Special Measures	SEL0140	NA	OK	OK
	If you are an FT, are you in breach of your licence? Or are you an NHS Trust?	i	Not in breach of Foundation Trust license	SEL0150	NA	OK	OK
	Have you received distressed financing or are you anticipating receiving this in either of the planning years?	i	Not in Receipt of Distressed Financing	SEL0160	NA	OK	OK
	Delegated capital limit (£000)		Existing reporting and review thresholds apply	SEL0170	NA		
	The board agrees to the delegated limit for capital expenditure and business case approvals in line with the Capital regime, investment and property business case approval guidance for NHS Trusts and Foundation Trusts.	i	Confirmed	SEL0180	NA	OK	
	4. 2016/17 Control Total						
	The Board has accepted to deliver its control total in 2016/17		Agree to deliver 2016/17 control total	SEL0190	NA	OK	
	In signing to the right, the board is confirming that:		Signed on behalf of the board of directors; and having regard to the views of the governors (for FTs):				
	To the best of its knowledge, using its own processes, the financial projections and other supporting material included in the completed Provider Financial Monitoring System (PFMS) Template represent a true and fair view, are internally consistent with the operational and, where relevant, strategic commentaries, and are based on assumptions which the board believes to be credible. This operating plan submission will be used to measure financial performance in 2017/18 and 2018/19 and will be included in the calculation of the finance and use of resources metrics assessed under the Single Oversight Framework in 2017/18 and 2018/19.		**Signature** i			OK	
			Name Ros Tolcher			OK	
			Capacity Chief Executive			OK	
			Date 23/12/2016			OK	
			Signature i			OK	
			Name Jonathan Coulter			OK	
			Capacity Deputy Chief Executive/Finance Director			OK	
			Date 23/12/2016			OK	
						0	0

Memo: control total and STF summary

2016/17 Control Total:	6,894
2016/17 Forecast Out-turn:	6,895
2016/17 Control Total accepted?:	Yes
2016/17 STF Allocation:	4,600
2017/18 Control Total:	5,909
2017/18 Plan:	6,001
2017/18 Control Total accepted?:	Yes
2017/18 STF Allocation:	3,777
2018/19 Control Total:	6,481
2018/19 Plan:	6,481
2018/19 Control Total accepted?:	Yes
2018/19 STF Allocation:	3,777

Workforce Declaration

1 **1. Declaration of review of submitted data**

00CERTCYE	Maincode	
Plan		
31/03/2018		
Year Ending		
DROP-DOWN	Subcode	
Confirmed	SCT0100	NA

The board is satisfied that adequate governance measures are in place to ensure the accuracy of data entered in this planning template.

We would expect that the template's validation checks are reviewed by senior management to ensure that there are no errors arising prior to submission and that any relevant flags with the template are adequately explained.

Authorised By			
Name	Jonathan Coulter	SCT0110	NA
Job Title	Deputy Chief Executive/Director of Finance	SCT0120	NA
Date	23/12/2016	SCT0130	NA

Triangulation Sign Off

SIGN OFF

	Overall Triangulation RAG Ratings	
	2017/18	2018/19
	GREEN	GREEN

Total errors	*i*	0

Declaration of review of submitted data (select from drop down)

The Director of Finance is satisfied that adequate governance measures are in place to ensure the accuracy of data linked in this triangulation tool, and specifically that the data within this return is consistent with the most recent submissions for finance, activity and workforce Operational Planning forms submitted to NHS Improvement, as well as the most recent contract tracker submission

Confirmed

In signing to the right, the Director of Finance is confirming that:

The Director of Finance confirms that, to the best of their knowledge, the financial, activity, workforce and contracting projections in the completed triangulation tool represent a true and fair view, are consistent with the most recent version of those forms submitted by the organisation to NHS Improvement as part of their Operational Planning submissions for 2017/18 and 2018/19 as well as the most recent contract tracker submission, and where differences between these projections are highlighted in this triangulation model the reasons for those differences are fully understood and have been adequately explained by use of the appropriate commentary input fields.

Signature	
Name	Jonathan Coulter
Job Title	Deputy Director of Finance
Date	23/12/2016

Overall RAG Rating Criteria - Acute and Specialised Providers (Four triangulation tests applied)	
Rating	**Criteria**
RED	Two or more indicators assessed as red, or reconciliation points test failed
AMBER	Two or more indicators assessed as amber, no more than one indicator assessed as red
GREEN	No more than one indicator assessed as amber, with all others green

Overall RAG Rating Criteria - Non Acute Providers (Two triangulation tests applied)	
Rating	**Criteria**
RED	One or more indicators assessed as red, or reconciliation points test failed
AMBER	One or more indicators assessed as amber, no indicators assess as red
GREEN	Both indicators assessed as green

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