NHS
Harrogate and District
NHS Foundation Trust

Operational Plan 2018/19

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Contents

1. Introduction

Harrogate and District NHS Foundation Trust (HDFT) has developed the Operational Plan for 2018/19 which builds on the two year plan submitted to NHSI in December 2016. It highlights in detail the plans for 2018/19.

2. Overview

The Trust is the principal provider of hospital services to the population of Harrogate and Rural District and North East and West Leeds. This represents a catchment population in excess of 250,000 which is still increasing in relation to North and West Leeds. In addition, the organisation now also serves a wider population, including Harrogate and Rural District, of approximately 600,000 across North Yorkshire as it provides a range of specialist Community Services including a wide range of community-based services for both adults and children.

For adult services we provide to a population covering the Harrogate and District locality as well as some services covering the whole of North Yorkshire. In relation to community children's services we are the principal provider of 0-19 Community Children's services in North Yorkshire, the Middlesbrough, Darlington and County Durham localities, making the Trust the largest provider of community Children's services in the country. The Trust has recently successfully secured three new contracts for 0 -19 community children's services in Stockton-On-Tees, Sunderland, and Gateshead. We therefore will be providing services to a catchment population in the North East of 1,365,000.

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.

For the year 2017-18 the trust delivered the Emergency Department (ED) standard, cancer standards and 18 week standards at aggregate level for the year. With regard to the delivery of our financial plan, whilst we have consistently delivered a surplus every year for over 12 years, we did not achieve the control total in 2017/18.

We are planning to achieve the control total in 2018/19 and are working with local Commissioners and across the Health & Care Partnership to deliver care consistently within the resources that are available to the organisation, local Place, and wider system.

Staff engagement is strong and the results from the 2017 National Staff Survey confirmed that the Trust's overall Staff Engagement score was 3.8 which ranked 'above average'. The results from our Q2 Staff Friends and Family test survey showed that 83.7% of the staff who responded would be likely or extremely likely to recommend HDFT to their family and friends if they needed care or treatment and that 64.7% would recommend HDFT as a place to work. The Trust's results are higher than the SFFT national average, which were reported as 80% and 63% respectively.
Our patients also regard the services we provide very positively as reported through national and local staff survey results.

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 Key Performance Indicators (KPIs) that we report to the Board on a regular basis. Details of these indicators are attached at **Appendix A.**

3. Strategic Context

Strategic Vision

As part of the development of the Operational Plan for 2018/19, we have taken the opportunity to review our strategic vision to ensure it continues to support the delivery of the key deliverables of the Next steps on the NHS Five Year Forward View.

We have held a series of strategy days with our Board of Directors and Senior Management Team to discuss our strategy to ensure we continue to be a sustainable organisation, both clinically and financially, delivering high quality services.

Our Vison continues to be to achieve Excellence Every Time for our patients and service users, with our Mission statement to be an exceptional provider of healthcare for the benefit of our communities, our staff and our partners. In order to achieve our Mission and Vision we have set out three key strategic objectives:-

- To deliver high quality care
- To work with our partners to deliver integrated care
- To ensure clinical and financial sustainability

In order to deliver our Vision we recognise the need to work with our partners across the patch including:-

- West Yorkshire and Harrogate Health and Care Partnership (HCP)
- West Yorkshire Association of Acute Trusts (WYAAT)
- Clinical Alliances with York Teaching Hospitals NHS Foundation Trust (YTHT) and Leeds Teaching Hospitals NHS Trust (LTHT)
- Harrogate PLACE
- Local Provider collaboration with other providers including Tess Esk and Wear Valley NHS Foundation Trust (TEWV) North Yorkshire County Council (NYCC), and the local GP Federation

National Context

The Trust continues to take forward the implementation of the Next steps of the Five Year Forward View and the 2018/19 deliverables of

- Cancer services
- Urgent and Emergency Care
- Maternity Services
- Learning Disabilities
- Supporting our partners in Mental Health and Primary care and
- Supporting the delivery of the national priority in relation to financial improvement and our contribution to improving the financial sustainability of the NHS

We will continue to ensure that these deliverables are achieved in 2018/19.

Local Context

West Yorkshire and Harrogate Health and Care Partnership

The Trust is part of the West Yorkshire and Harrogate Health and Care Partnership (HCP) which is built up from the work of the six health and care economies in West Yorkshire and Harrogate. As part of the HCP our vision for West Yorkshire and Harrogate is for everyone to have the best possible outcomes for their health and wellbeing.

Closer partnership working is at the very core of our HCP and HDFT continues to be actively engaged with our partners across the region.

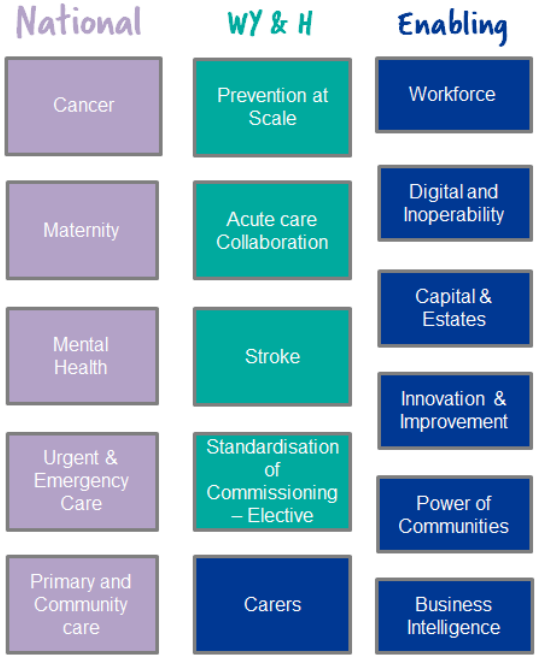
A Memorandum of Understanding has been developed to strengthen joint working arrangements across the Partnership and to support the next stage of development. It builds on our existing partnership arrangements to establish more robust mutual accountability and break down barriers between each separate organisation.

The Partnership has attracted additional funding for cancer diagnostics, diabetes and a new child and adolescent mental health unit as well as developing a strategic case for change for stroke from prevention to after care and are identifying and treating people at high risk of having a stroke.

We will continue to work with our partners in the HCP to identify initiatives for funding which support our Vision. In particular we are taking forward a number of key initiatives in relation to:

- Urgent and Emergency Care services
- Stroke Care
- Acute Hospital collaboration

The West Yorkshire and Harrogate HCP is submitting an application to become and Integrated Care System (ICS) which will enable the members of the group to work collaboratively to deliver services that are clinically and financially sustainable. Through this system we will jointly have greater access to capital and transformation funding in the future. Work will continue in the coming months to progress our application.



West Yorkshire Association of Acute Trusts (WYAAT)

Complementing and working closely with the HCP is the West Yorkshire Association of Acute Trusts, which is an innovative collaboration bringing together the NHS Trusts who deliver acute hospital services across West Yorkshire and Harrogate. HDFT is an active member of this network.

The WYAAT has a joint work programme focussed around four clear work streams:

- Specialist services – a review of the way some of the specialist services are delivered and whether these could be provided in a better way.
- Clinical standardisation and networks – looking to standardise the way we work across trusts to reduce variation and duplication.
- Clinical support – reviewing pathology, radiology and pharmacy systems and processes to identify benefits of working together and in the same ways.
- Corporate services – looking at our back office functions to share learning and identify any benefits of bringing together ways of working, teams and services.

Within the WYATT programme, HDFT is focusing on a number of initiatives across a range of different areas. It is recognised that in order to remain a sustainable organisation, the Trust needs to work in partnership with other provider trusts to deliver new models of working and financial efficiencies. In addition there may be occasions when there is a need to provide support to other WYAAT Trusts that impacts upon the Trust position but improves

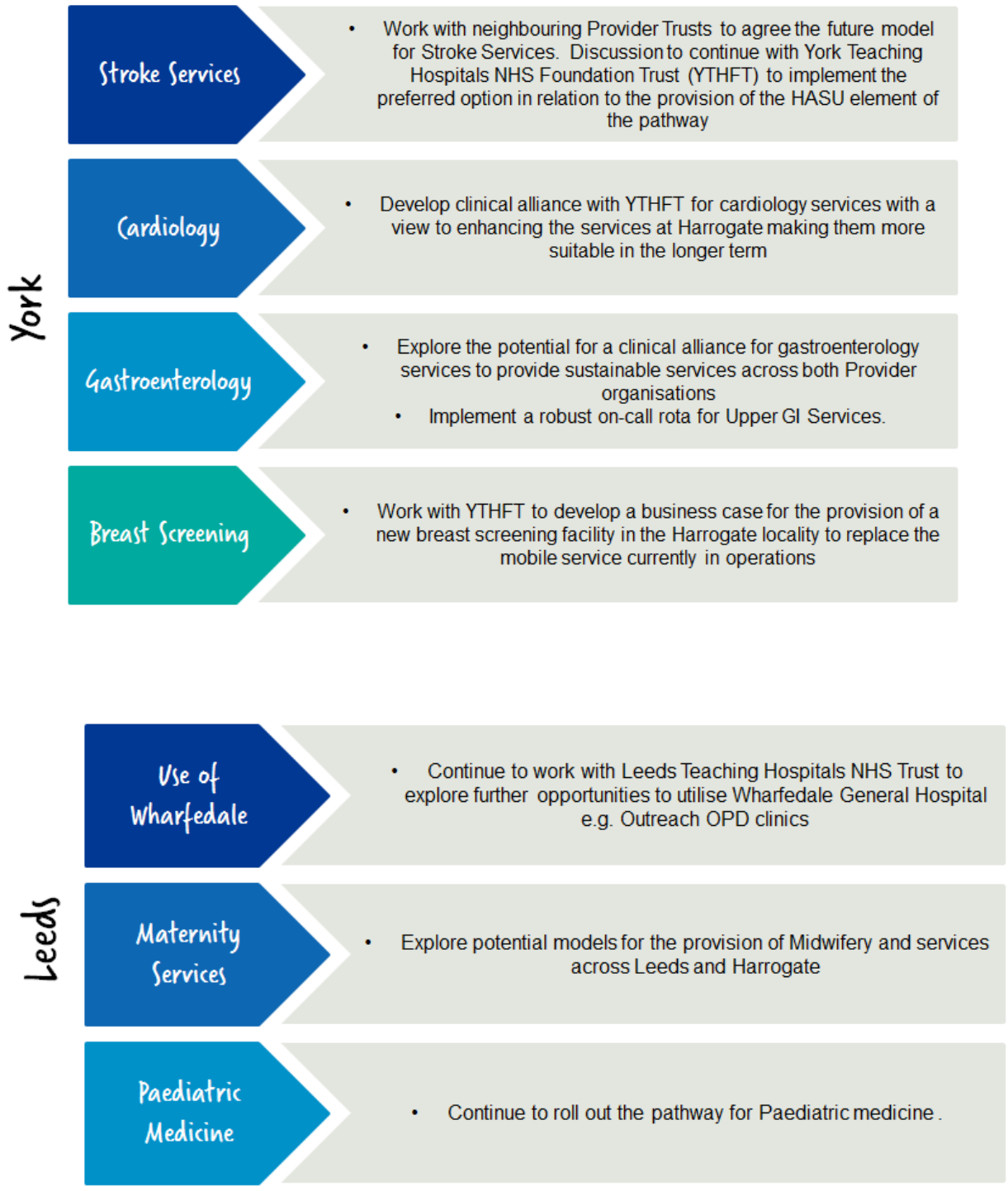
the quality, performance or safety of the collective. Equally there may be occasions when the Trust benefits from support in this way from other WYAAT Trusts.

A summary of the key work streams being taken forward is detailed below:

Elective orthopaedics	• Exploring the potential to develop an elective care centre at HDF to support the delivery of elective orthopaedic activity across the HCP with a view to repatriating NHS work from the private sector
Pathology services	• Working in collaboration with neighbouring NHS trusts to ensure sustainability of our services.
Pharmacy	• Development of a central supply chain accessible by all WYATT members
IM&T	• Development of a common email solution • Strategic review of Microsoft licencing and a collaborative strategy for cyber security
Procurement	• Work plan developed across Trusts to deliver efficiencies in procurement
Workforce	• Development of collaborative bank to support recruitment and the reduction agency spend
Estates	• Establishment of a separate SPV at HDFT

Clinical Alliances

With regard to alliances with our neighbouring Provider Trusts, HDFT has well established clinical alliances with York Teaching Hospitals NHS Foundation Trust (YTHT) and Leeds Teaching Hospitals NHS Trust (LTHT). We will continue to work together to explore opportunities for greater collaboration across key specialties.



Harrogate PLACE

We are working closely with Harrogate and Rural District CCG to ensure that as a Local Health Economy we can continue to provide high quality services within the agreed financial resources. Both organisations recognise the level of financial challenge that this presents but are fully committed to working together to meet this objective. Discussions have been ongoing regarding the development of an aligned incentive contract (AIC) ensuring that we live within our agreed level of resources. A contract variation has been signed to this effect, and a governance model is being developed to ensure that we have the necessary framework in place.

A statement of principles has been agreed with HaRD CCG.as follows: -

- Sustainability of both HaRD CCG and HDFT, both financially and clinically
- A reduction in the cost of healthcare provision for the Harrogate population
- Delivery of the best possible outcomes within the resources available – delivery of value for money
- Maximising the resource that is available to the Harrogate system, including provider and commissioner sustainability funds
- A commitment that any potential changes in service or pathway provision that increase costs will be jointly discussed before any resource commitment is made
- A Joint effort to repatriate Harrogate activity that is currently delivered out of area or transfer patient activity from other CCGs into Harrogate where this is beneficial to do so
- Efficiency in the contracting process and a focus of available staffing support resources on delivering the clinical changes required

Supporting the AIC for acute hospital work is the development of a Provider collaborative model for care outside of hospital.

Provider collaborative

HDFT is a member of the Provider collaborative which includes representatives from TEWV, NYCC and the GP Federation. The Provider Services Vision aspires to

- **Have the Person and community at centre** and designed around needs and assets/strengths based approach
- **Support and champion** our community services, managers and staff
- Be **realistic and ambitious** in exploring how we can work together
- Make **joint working and leadership** the norm rather than an exception or an initiative
- **Recognise and address** the very real pressures of service delivery in and around Harrogate and the surrounding areas
- Achieve Successful **collaboration** whilst maintaining our own organisational identify

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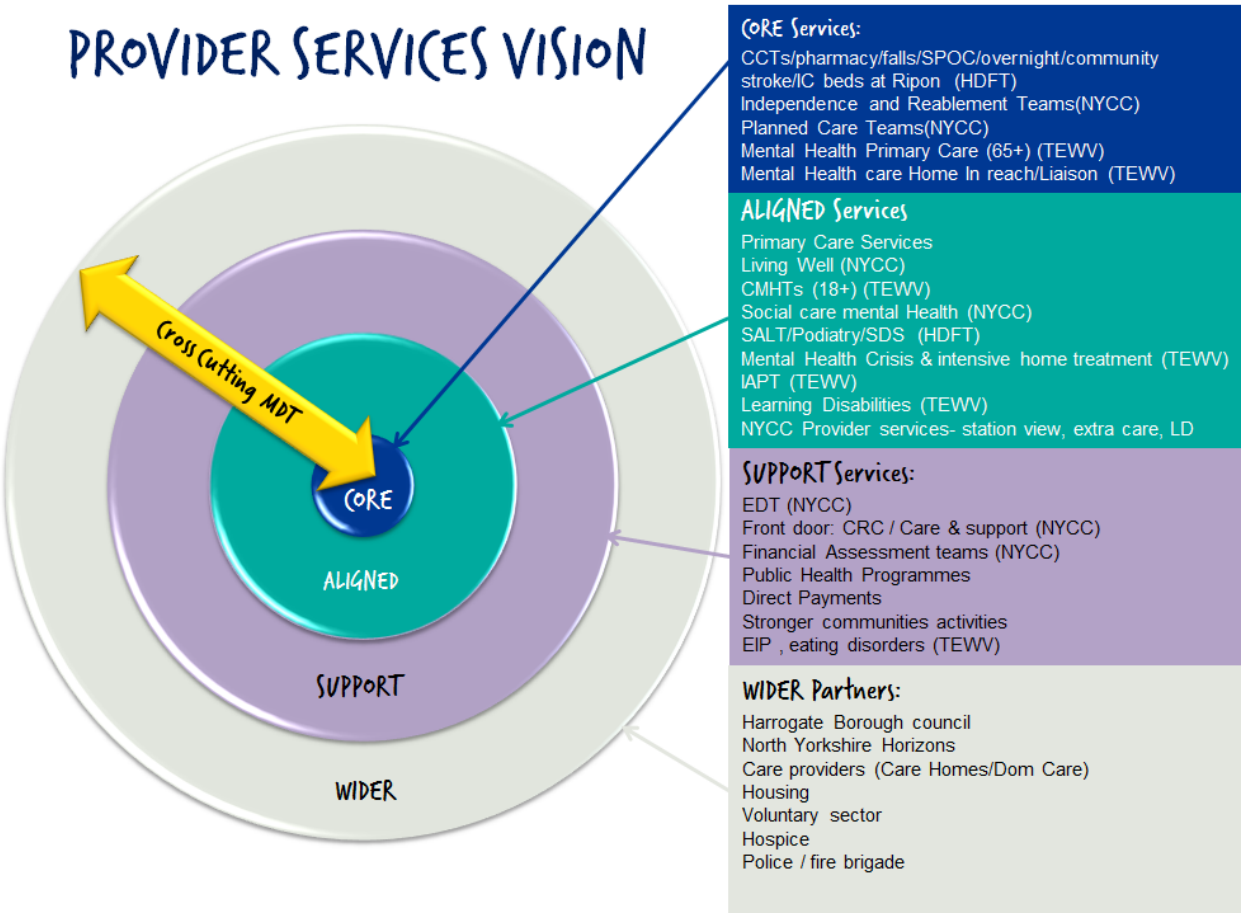
The Vison for Provider services can be summarised as:



HDFT will continue to work with partner organisations to support delivery of integrated primary and community care across the local health community in 2018/19.

Development of Community Children's Services

HDFT is now the largest Provider of Children's services in the country following the successfully securing contracts across the North East of England, the most recent in Stockton-On-Tees, Gateshead and Sunderland. This has resulted in the ability to manage services at scale with the opportunity to implement transformational work and shared learning across contracts. Work will continue in 2018/19 build on the implementation of our delivery model across the new contracts in Stockton-On-Tees, Gateshead and Sunderland as well as continue to engage with our Commissioners for our other 0-19 Children's services contracts to continue to deliver high quality services.

The key initiatives identified in our Operational Plan for 2018/19 support the delivery of the National priorities in the Next steps on the NHS Five Year Forward View. We will continue to work closely with our partners across the West Yorkshire HCP and our local PLACE to achieve these objectives and support the implementation of our local strategy. Our plan sets out the priorities to be delivered over the next twelve months.

Business Development Strategy

The Trust has been very successful in securing and mobilising a number of contracts for 0-19 Children's services over the last three years. During 2018/19 we will aim to consolidate and embed these services within the organisation to ensure we support our staff to deliver high quality services to children and young people. We will start to review our existing Business Development plans over the next twelve months to determine the next phase of our business development strategy.

4. Capacity to Deliver Our Strategy

Activity

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 2018/19. Activity has been formally signed off at specialty level following meetings with the Chief Operating Officer and the senior directorate teams.

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 QiPP plans when they are developed, and if necessary utilise any resultant capacity with neighbouring Commissioners in line with our West Yorkshire and Harrogate HCP.

Elective inpatient, elective day case and outpatient activity plans have been agreed with the Clinical Directorates at specialty and sub-specialty level and have been 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 endoscopy unit at Harrogate District Hospital which will result in us being able to bring back Harrogate patients being treated at Wharfedale Hospital in Leeds, and filling their slots with patients from Leeds. We have engaged in planning with HaRD CCG involving the 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 the continued 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 HCP. 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 2018/19 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 1%) in the next five years but with a significant increase over the same period for the over 65 years age group (around 9%).

The plan covers the detail of the activity of the hospital, but clearly the Trust also provides a range of community services across North Yorkshire and in relation to Children's Services the North Yorkshire, County Durham, Darlington and Middlesbrough. This will be extended to include Stockton-On-Tees, Gateshead and Sunderland in 2018/19. As part of our planning process we also assess the demand and capacity requirements needed for our community services.

In summary, the 2018/19 plan at **Trust** level is:

	2017/18 outturn estimate	2018/19 Plan	
POD	Activity	Activity	% growth
First OP - cons led	61,590	64,096	4.1%
First OP - non-cons led	28,933	29,132	0.7%
FU OP - cons led	116,566	122,899	5.4%
FU OP - non-cons led	66,769	69,793	4.5%
Ward attenders - new	5,874	5,395	-8.2%
Ward attenders - FU	3,652	3,204	-12.3%
Elective inpatient	3,471	3,581	3.2%
Elective day case	29,070	32,885	13.1%
Non-elective	22,434	22,656	1.0%

Capacity to Deliver

18 weeks delivery. The Trust achieved the 18 week standard in 2017/18 at Trust level only. The plan in 2018/19 is to hold the March 2018 performance to the end of 2018/19 which is a delivery of 90% against this standard. The highest risk areas are trauma and orthopaedics and ophthalmology. The Trust does not expect to have any breaches of the 52 week RTT standard.

Waiting list. Plans are in place to maintain the waiting list size at the same size as March 2018. This based upon delivering the activity and referrals within the plan.

Bed capacity to ensure operational resilience. During 2017/18, the non-elective medical activity was 8.5% above plan. This has resulted in more sustained period of increase of medical patients in inpatients beds.

If we assume current LOS and a 2.3% growth on 2017/18 outturn it has been modelled that demand for medical beds will outstrip capacity for 6 months of 2018/19 and there would be only two months when the medical bed base could be reduced (based on 100% occupancy).

Best practice would suggest bed occupancy should be maintained at 85% but given our small bed base 90% would allow us to manage acute and elective flow effectively. The modelling shows we would not be able to deliver 90% occupancy for any month in 2018-19.

The average LOS across Medicine for 2017/18 was 6 days. To remain within funded capacity which is 172 beds per month we would need to achieve an average LOS of 5.6 days. This presents a significant challenge to the organisation and wider partnership.

To support this requirement and mitigate the significant risk, the Trust has agreed to the following transformation projects for 2018-19:

- Integrated Discharge Hub
- Clinical criteria for discharge
- Tomorrows Ward – (continuation of SAFER, more efficient processes & technology (WebV initiatives)
- Supportive discharge service expansion and development and implementation of Virtual Ward for elderly patients
- Take forward the planning of a Surgical / Medical Joint Assessment Unit located close to A&E

Cancer. Our plan is to deliver the 62 day standard of 85% for the year.

ED performance. Achievement of the 4-hour standard has continued to be challenging but the Trust has met requirement in 2017/18. Historically we have consistently achieved this target, however the delivery is becoming more difficult. Our submitted trajectories reflect the risk to delivery, with current plans delivering a performance in the month of March 2019 of 92.7%.

Workforce

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 Trust will regularly review the workforce plan against actual delivery for key staff groups that present the biggest workforce challenges. This information will also be triangulated alongside the financial costs and projections. The aim of this work is to ensure that we have the right workforce numbers in established posts and that the cost of the workforce is in line with established budgets. This will be monitored through the Workforce Efficiency Group (WEG) on a monthly/quarterly basis. Key staff groups include:

- Medical and Dental staff – Consultant, career grades and Doctors in Training, across all specialities
- Nursing and midwifery – inpatient wards, theatres, Adult community and Children's services
- Support to Clinical Staff – support to nursing staff and allied health professionals

Key performance indicators will also be monitored to support action planning and the identification of emerging areas, which will include:

- Vacancy rates
- Cost of agency staff and total shifts
- Cost of agency above and below NHS cap
- Total agency shifts
- Labour Turnover
- Sickness
- Safer staffing
- Rostering efficiency

The overall aim of this is to embed workforce planning into day to day operational discussions. This process will support the Trust to identify emerging trends as well monitoring variances from plan and adjust action plans accordingly.

The table below shows a summary of the workforce plan by staff group:

Staff group	Forecast outturn at 31/03/2018 (WTE)	Plan at 31/03/2019 (WTE)	Supporting narrative
Medical and Dental	317.5	345.9	The increase for this staff group is based upon substantive recruitment plans to vacant posts within the establishment, with subsequent reduction in bank agency usage.
Registered Nursing, Midwifery Health Visiting Staff	1141.6	1415.7	The increase is based on the TUPE transfer of new children's services contracts as well as recruitment to established vacant posts, , with subsequent reduction in bank agency usage.
All Scientific Therapeutic Technical Staff	449.3	458.7	
Support to Clinical Staff	969.1	1086.8	This increase is based on recruitment to established vacant posts, with subsequent reduction in bank agency usage.
Qualified Ambulance sta	2	2	
Others	0	7	
NHS Infrastructure Supp	484.3	559.5	The increase in infrastructure is an increase in posts in line with the new contracts.
All staff	3363.7	3875.6	

The West Yorkshire and Harrogate STP continues to be supported by a Local Workforce Action Board (LWAB). The LWAB has established a workforce programme built on the requirements of the STP workforce 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 Trust has a representative on the North Local Education and Training Board which supports our workforce planning intentions.

The West Yorkshire Association of Acute Trusts (WYAAT) has continued work on the four key workforce priorities. Workshops have been held to inform the development of a business case for the implementation of internal and collaborative banks, options have been considered in relation to collaboration between Occupational Health functions, the West Yorkshire and Harrogate Excellence Centre has been established to make the best use of the apprenticeship levy and the Yorkshire and Humber streamlining workstream has been established to take forward National and Regional learning to deliver consistency and efficiency between organisations.
In order to secure a future pipeline of Registered Nurses the Trust has developed an innovative three year BSC programme in adult nursing with the universities of York, Bradford and Leeds Beckett. This will provide a potential pipeline of 55 registered nurses from 2020/21 onwards who will be contracted to remain with the Trust for a minimum of two years.

Local Clinical Strategy and Workforce Impact

Following the end of the Vanguard Programme as at 31 March 2018, a Provider Collaborative is being established. The purpose of this collaborative is to review, implement and embed the lessons learnt from the Vanguard Programme, which will be shared with the Harrogate Health Transformation Board (HHTB) in due course.

The 'Harrogate place' systems Shadow Board Programme will enable aspirant directors from across the Trust and external partners to develop their skills and experience as part of their continuous professional development, with members of this collaborative forming some of the delegates to support joint working and the required cultural and behavioural shifts.

The Trust has commenced the implementation phase of the 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. The key KPIs and targets included in the strategy are detailed below: -

The key strategic goals for this strategy are: -

- **Growing our Capacity** – develop a sustainable, high quality, competent workforce
- **Staff Engagement** – create an engaged and motivated workforce and a performance improvement culture; to be an employer and provider of choice. To support staff engagement in particular we are utilising our Quality Charter to support OD development across the Trust (See section 5.1)
- **Productivity & Efficiency** – create a sustainable, permanent workforce; improve staff retention and resilience

The key KPI's and targets associated with our strategic goals are detailed at **Appendix B**.

Each Clinical Directorate has identified its own workforce priorities for the next two years and a programme for delivery. Good progress has been made on the development of our capability through the introduction and expansion of new roles; Advanced Clinical Practitioners, Associate Nurses, Assistant Practitioners, Apprenticeships for Health Care Assistant roles and the placements of Physician Associates. As well as the preceptorship programme for years 1 and 2 to ease the transition into registered roles and aid recruitment and retention of Registered Nurses. Additionally improvements have been made in relation to productivity and efficiency through the introduction of a Master Vend model for locum medical staff and a direct engagement platform.
Work in 18/19 will particularly focus on staff engagement referencing the Staff Survey results for 2017 and the Staff Friends and Family Test to develop the staff engagement plan for the year ahead.

- Delivery of safe and effective Acute Care 24 hours per day

In line with the national programme reviewing the medical model for small hospitals, the Trust will review arrangements for Hospital at Night on the Harrogate District Hospital site. The programme will be clinically led and will include reviewing best practice and innovative models in place at other hospitals and analysing the capacity and demand requirements out of hours. The approach will be aligned to the creation of the ambulatory care unit to ensure pathways of care are consistent 24/7 and the implementation of the IT strategy to ensure the use of technology is optimised to support the coordination of care. Consistent with the Trust Clinical Workforce Strategy it will identify alternative roles and practitioners to integrate into the model to ensure the Hospital at Night team is resilient and optimised.

Local Workforce Transformation Programmes

The Trust's Clinical Transformation Board has four work streams; including Workforce. Under the Workforce Transformation Programme there are two key work streams:

- Clinical Workforce Strategy
- Workforce Redesign and Reward

The aim of these two 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 to support the Trust to retain its position as an employer of choice in the local area.

In terms of specific productivity improvements, the following initiatives will provide benefits in 2018-19:

- Continued roll out of Health and Wellbeing interventions to support reductions in sickness absence for the reasons of Stress Anxiety and Depression and Musculoskeletal conditions
- 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
- Embed the Master Vend and Direct Engagement platform for medical locums Development of an internal bank for medical staff with potential to develop into a collaborative bank across the STP
- Focus on the apprenticeship levy and solutions to support long term retention of both existing and trainee staff

Build Leadership Capability

Capable leadership is undoubtedly one of the most important factors in creating and maintaining an organization which achieves outstanding and sustainable results. Building clinical leadership capability to enable people to meet future challenge is important, as leaders will then champion learning and capability development in others to support the change management process. To support this agenda some of the deliverables are:

- The continued roll out of the leadership development strategy and its associated work plan including talent management.
- To self-assess against the sixth generation Investors in People standard and develop and implement associated programmes of work to enable achievement of this standard in 2020.
- All newly appointed leaders to attend The Pathway to Management Programme on joining the Trust, or being promoted into a leadership role
- The Healthcare Leadership Model, a behavioural competency framework to demonstrate and support individuals in understanding "what good looks like" and how to identify where they are within the framework. The model becoming the norm and part of our culture through increased use of self-assessment, 360 degree feedback and group feedback. The RCN Clinical Leadership Programme to support Band 6 and Band 7 clinical staff develop and grow in their leadership role.

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 an IT solution named 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 Intensive Therapy Unit (ITU). Significant progress has been made to date with this work and improve rostering practice across the Trust to ensure that efficiencies are delivered, through effective deployment of staff across the Trust. Rostering KPI's have been incorporated into the bi-weekly Workforce Efficiency Group meeting which are reviewed on a monthly basis. In addition we will be reviewing the recommendations in 'Beyond the Roster' to deliver further rostering efficiencies over the coming year.

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

The Trust continues to work 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. Our first cohort of GHE staff joined the Trust in 2017/18 and we look forward to welcoming further cohorts with the aim of reducing reliance of Agency Nursing staff.

Alignment with Local Education and Training Board plans

The Chief Executive HDFT is the co -chair of the West Yorkshire and Harrogate 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 LWAB 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 has recently recruited its' second cohort of Advanced Clinical Practitioners (ACP's), with our first cohort now working in a fully embedded way within consultant led teams.

We have worked 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 launch our 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 and work placements. This work will continue to be developed and implemented in 2018-19.

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. We have implemented and embedded our approach to the NHS Improvement Agency Cap rates. 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 continues to manage agency spend within the agency ceiling set, although this remains a continued challenge.

We are also engaging with our existing workforce to establish alternate methods of maintaining safe and effective services i.e. acting up/down protocols for medical staff and we will ensure that we have effective internal controls to maintain visibility of both risks and of opportunities for improved rate control. We also utilise our new Master Vend model of locum procurement and Direct Engagement 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 18-19 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 an Executive Director level committee to oversee and control expenditure on our temporary workforce (Workforce Efficiency Group).

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. In addition the Trust has a Workforce and OD steering group which meets on a monthly basis with full directorate representation.

The key risks are highlighted below:

Risks	Mitigation
Recruitment and retention of staff due to rates of pay offered via national terms and conditions of service (Agenda for Change)	Evidence submitted by NHS Employers and NHS Providers to inform the national pay review bodies. The Trust has representatives attending the national pay review body meetings for Agenda for Change staff and Doctors and Dentists. Consideration of local terms and conditions.
Labour Market conditions and difficulties recruiting Registered Nurses, Medical staff including Doctors in Training and SAS Doctors.	All medical locums booked via the Master Vend 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 has also been implemented with the first cohort completing training in 2017 and a second cohort commencing training in January 2018. 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.

Capital Infrastructure

The Trust recognises that to support the delivery of our activity and implementation of our workforce strategy, the appropriate physical infrastructure is required. Harrogate and District NHS Foundation Trust has therefore undertaken a review of its capital strategy which has focussed on the key developments in the short term to meet current service pressures, as well as considering the longer term estates strategy for the site over the next 5 - 10 years

The Trust continues to face significant challenges in continuing to deliver high quality standards in emergency and urgent care, placing additional pressures on our bed capacity. We have undertaken a bed modelling exercise to ascertain the bed capacity that will be required in the organisation between 2018/19 and 2026/27. We are acutely aware that given current trends and the demographic pressures, the organisation needs to find solutions that ensure we continue to successfully deliver our ED performance standards, improve the patient flow, improve productivity and enhance the overall experience for patients. Our focus has therefore been to consider the options for the redevelopment of the District Hospital site and our future site strategy to address these current pressures both in relation to service need and building infrastructure.

The redevelopment of the site will require a number of changes as follows: -

- In the short term, the creation of an Ambulatory care unit and provision of an additional main theatre
- Development of an Urgent Care Centre at the front of the site to bring together services in line with the urgent care strategy
- Redevelopment of the Obstetric Unit to include a Midwifery Led facility
- Ensuring protected provision of Elective Care services on the site

Phase 1a: Creation of an Ambulatory care unit and

Phase1b: Provision of an additional main theatre

The development of an ambulatory care unit would be a short stay assessment facility for medical and surgical patients for seeing assessment and treatment, reducing the need for admission to a ward and improving patient flow. This model of care will provide efficiency in our workforce model, bringing together surgical assessment and CATT. There will be single common pathways for patients enabling rapid review by senior medical staff.

The Trust is currently in the process of building a new endoscopy facility which is due to be operational from July 2018. The existing endoscopy facility, which will be vacated, is located at the front of the hospital, near to the emergency department and would be an appropriate location to accommodate a new ambulatory care facility, as it would be in close proximity to ED and diagnostic services.

Initial feasibility work has been undertaken and notional costs developed for the unit with the next stage in the planning process to develop a full business case. Planning work is due to commence in April 2018, with a new facility fully operational by October 2019.

In relation to the provision of an additional theatre, the Trust recognises the need to provided capacity in the short term in addition to the potential development of an elective care centre in the future. Work will commence in April 2018 to develop a business case for a sixth main theatre. It is anticipated that this will be operational in 2020.

Phase 2: Development of an Urgent Care Centre

Whilst the provision of an Ambulatory Care unit will assist in addressing some of the short term service pressures, the Trust recognises the need to develop an Urgent Care solution that meets the needs of the local health economy in the longer term. The provision of a facility of this nature is in line with the National Urgent Care Strategy, the HCP wide urgent care strategy and will enable the Harrogate locality to deliver urgent care in line with the new approach to provide

- A community/emergency care hub
- Greater integration with Primary Care and Mental Health Providers
- Improved patient flow

Based on this model, the existing ED department would be extended to provide an Urgent Care Centre, including the provision of improved diagnostic facilities for a second CT scanner and MRI which will provide additional resilience. As part of this project it will be necessary to relocate the existing orthopaedic department to new facilities on the hospital site. Without the creation of this centre the Trust will be unable to continue to meet the ED performance standards and deliver improvements in urgent care, resulting in patient delays in ED, inappropriate emergency admissions, and further pressure on the inpatient beds.

Phase 3: Redevelopment of the Obstetric Unit to include Midwifery led facility

The provision of an Urgent Care Centre that brings services together will release capacity elsewhere on the site that can be adapted to support the introduction of a Midwifery Led Obstetric Unit in line with the delivery of the Better Births agenda. As part of the clinical alliance discussions with Leeds Teaching Hospitals Trust, it is acknowledged that the introduction of a unit of this nature would provide capacity in the wider locality, ensure future clinical sustainability and give women a choice in the type of unit they wish to access.

Phase 4: Protected provision of Elective Care services

The redesign of the front of the hospital site to focus on urgent care will present the Trust with the opportunity to reconfigure facilities elsewhere on the site, with a view to protecting the deli very of elective care, including wards and theatre capacity that can support the delivery of elective activity for the locality and the wider health and care partnership. Through the protection of our elective care capacity it will be possible to repatriate NHS elective work from the private sector which supports the wider health and care partnership strategy to deliver NHS work within the NHS and improve financial and clinical sustainability for the partnership as a whole.

In 2018/19 principles of separating urgent emergency care alongside sustaining our obstetric services will be used to inform the future reconfiguration of the site to reflect our clinical strategy. There will be opportunities as Tees, Esk, and Wear Valley Foundation Trust (our local Mental Health Provider) vacates accommodation in the Briary Wing to explore the options to facilitate the delivery of this clinical strategy.

The value of the full site redevelopment has been estimated at over £60mover a number of years, but clearly further work is required to establish the priorities within the strategic plan and align funding availability with the strategic programme.

Discussions will continue with our partners in the HCP to consider our capital proposals and funding availability over the next 5 years. We will continue to contribute to the development of the HCP estate strategy and develop our proposals further for consideration as part of the HCP capital bidding process.

Whilst our longer term capital strategy is in the process of being determined, the Trust recognises the need to address the short term requirements in relation to the replacement of medical and scientific equipment, backlog maintenance management, and the implementation of our IT strategy.

Business as usual investment, such as replacement equipment, will be supported using internally generated cash reducing the amount of reactive expenditure which is required however, it is recognised that capital funding is at a premium. Discussions have taken place with the Clinical Directorates to agree the Capital priorities for 2018/19 subject to the availability of resources. Building infrastructure investment to manage backlog maintenance will be discussed with our subsidiary company Harrogate Healthcare Facilities Management Ltd, and the contract varied in line with the agreed investment programme.

A number of schemes have been identified subject to delivery of the financial plan which will create the necessary internally generated cash to allow investment during 2018/19. The schemes can be summarised as follows: -

Completion of existing schemes	New commitments
Endoscopy (Inc. equipment)	IT allocation
Nuclear medicine scanner	Estate (via HHFM)
	Woodlands ward minor alterations
	Medical records storage

In addition, the Hospital Charity will continue to explore opportunities for fundraising for items of medical and scientific equipment, in particular the upgrading of the existing Cath Laboratory in the Heart Centre and additional diagnostic capacity (CT scanner initially).

As part of WYAAT and the STP we have also been successful in relation to a bid to deliver Scan for Safety, and this investment profile is being developed.

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 NHS Property Services (NHSPS) and the Local Authority. The ultimate aim is to reduce the estate footprint across the patch.

IT Strategy

The IM&T strategy describes a vision and framework for a robust, scalable IT infrastructure that delivers information to staff when they need it, robust governance arrangements, high quality information management, training and development of IT skills in staff, efficient project management and procurement and collaborative working with other NHS organisations. The key deliverable at the centre of the strategy is the implementation of an Electronic Patient Record (EPR) called WebV in support of a paperless or paper-lite environment by 2020. Introducing a clinical solution that delivers real-time information is a fundamental part of the strategy.

The WebV Electronic Patient Record (EPR) system developed by North Lincolnshire and Goole NHS Foundation Trust is currently being delivered. To date three modules have been deployed and continue to be rolled out. In 2018/19 a further 6 modules will begin delivery and roll out and local development of WebV by HDFT staff will also commence. The Trust is part way through the delivery of a replacement PACS system and is due to go live later this year. This system has been delivered through the WYATT imaging collaborative which has delivered efficiency benefits through the equipment procurement process. This will enable the development of a wider transformation programme across the collaborative for imaging services.

Additionally, the Trust continues to replace its server infrastructure, moving towards a virtual server platform. We have also recently delivered a public Wi-Fi service for patients and relatives. Due to recent cyber-attacks across the NHS, work has focussed on ensuring the Trust is fully prepared for any such attacks in future and is delivering a number of technical and policy changes in support of this work.

5. Quality Planning

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 Workforce 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, comments, 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. A Quality of Care Team scheme is about to be launched, whereby a team can be accredited for developing a vision for improvement, a team culture to achieve that and then for sustaining and sharing high quality.

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 four were identified as a priority:

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

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

HDFT has not been identified as a phase one 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 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 has developed and implemented a Learning from Deaths Policy to standardise an approach to reviewing the care provided to patients who die, with the aim of identifying learning that will contribute to our quality governance and quality improvement work. Quarterly reports have been provided to the Board of Directors from December 2017 to include detail of the process, any identified learning and any actions to be taken to ensure improvement in the care provided.

Any serious incidents (SIs) will continue to be subject to a root cause analysis and learning review. Comprehensive SIs 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 Infection and Prevention and Control (IPC) Committee structure supports 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. • Continue to ensure full implementation of a sepsis module on our electronic observation and escalation system Patientrack to facilitate this. • Embedding sepsis screening and management using UK Sepsis Trust tools in the GP Out of Hours Service.
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	• 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 resistance	• 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)	• Although HDFT does not provide mental health services, we will 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 two 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 continue to prioritise the requirements of the 2017-19 national CQUIN schemes, 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 ED
- 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 2018-19 are to:

1. Ensure effective learning from incidents, complaints and good practice;
2. Reduce morbidity and mortality related to sepsis;
3. Improve discharge processes;
4. Increase patient and public participation in the development of services;
5. Promote safer births, with a specific focus on reducing stillbirths.

We have engaged with local stakeholders to consider progress with previous priorities, consider other local and national priorities including the West Yorkshire and Harrogate STP, and agree these specific areas for quality improvement during 2018-19. Work in relation to previous quality 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 2018/19. These areas of focus are in line with our STP.

Summary of Quality Impact Assessment Process (QIA)

Efficiency plans are developed within the directorates as a result of engagement with frontline clinical and non-clinical staff. Screening is undertaken using a Trust template to identify any impact on quality against the three core quality domains (safety, effectiveness and experience), as well as impact on equality.

Any scheme with a moderate or significant impact at screening requires a detailed impact assessment if it is to be taken forward. At this stage risk and opportunity scores for quality and equality, mitigating actions and specific metrics for monitoring impact will be identified. When necessary additional information will be prepared which may include baseline data covering an appropriate period to capture seasonal variations, and engagement with staff and service users. Each directorate Board is required to approve schemes to be progressed following impact screening and assessment, and these will then be subject to challenge and scrutiny by the Medical Director and Chief Nurse.

Further work is planned to ensure service developments and service transformation are also subject to the same impact assessment, and that any potential cumulative impact of several schemes on a particular pathway, service, team or professional group is considered.

The quality dashboard and integrated board report contain metrics that reflect safety, effectiveness and experience but other key performance indicators aligned to specific schemes will be developed to facilitate early sight of potential impact on the quality of care when necessary. A summary of the schemes, impact assessment process and any relevant key performance indicators is reported to the Board.

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			

6. Financial Planning

Overall Financial Challenge

In line with all NHS Providers, there are significant financial challenges to be faced in 2018/19, with key drivers being the availability of appropriate workforce and the management of urgent care. As a local Harrogate health community, we are currently spending more on healthcare than is available, with the CCG recording a deficit in 2017/18 and forecasting a deficit into 2018/19 plans. We are working collectively across the system to manage financial risk, including the agreement of an Aligned Incentive Contract, in order to create a framework for the necessary difficult decisions and prioritisation that will have to take place through the year.

The priority of the Trust and the Harrogate system is to deliver financial sustainability for both organisations and principles have been agreed to this effect. This recognises that the best way of meeting the overall significant financial challenges is to work collaboratively to reduce the costs of healthcare for the local population.

Financial Performance for 2017/18

The Trust financial position for 2017/18 is a surplus of £1.1m before impairments, significantly behind the planned surplus position of £5.9m.

This adverse variance to plan has resulted in significant pressure on the Trust's resources as a result of the subsequent availability of cash to support necessary capital developments.

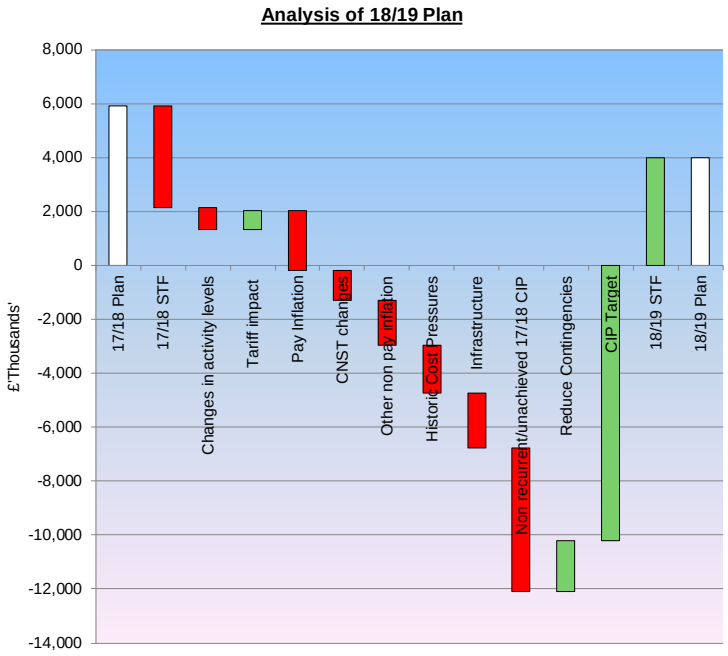
The outturn position includes Sustainability and Transformation Funding of £3.5m. Without this funding the Trust would have reported a deficit position of £2.4m, £4.5m behind plan. The underlying position represents a notable pressure to the new financial year and highlights the pressures faced by the Trust currently.

2018/19 Planning Assumptions

The financial assumptions for the 2018/19 plan are outlined below.

2018/19 Planning Assumptions

	£'000s
17/18 Plan	**5,909**
17/18 STF	- 3,777
Changes in activity levels	- 820
Tariff impact	725
Pay Inflation	- 2,235
CNST changes	- 1,103
Other non pay inflation	- 1,673
Historic Cost Pressures	- 1,763
Infrastructure	- 2,041
Non recurrent/unachieved 17/18 CIP	- 5,324
Reduce Contingencies	1,902
CIP Target	10,200
18/19 STF	3,983
18/19 Plan	**3,983**



The financial plan has been robustly developed across the directorates, investing in the areas where the Trust has pressures. In turn, this provides a challenging Cost Improvement (CIP) target, which is needed to provide the cash for capital resources for the Trust, as well as meeting the control total requirements set by NHS Improvement.

Key assumptions that feed into plan are –

- A commitment to deliver the control total of £3.98m, inclusive of £3.98m of S&T funding for 2018/19
- A reduction in planned activity levels to reflect a prudent approach to planning for 2018/19. These plans still equate to more activity than 2017/18 outturn, however, the above is a plan to plan summary. An appropriate level of infrastructure has been added to the plan to support this additional activity above outturn.
- At present pay expenditure assumptions are based on a 1% pay award and will need to be updated when the pay settlement is finalised.
- Funding for historic pressures and non-pay inflation has been reviewed and finalised within the above.
- Non recurrent and unachieved CIP plans from 2017/18 cause a significant pressure moving into the new financial year, increasing the Trust's saving requirement.
- As a result of the prudent activity planning outlined above, the level of income contingency the Trust holds has been reduced.
- Finally, as a result of the assumptions, a CIP requirement of £10.2m is required for 2018/19.

Use of Resources Rating

The Trust is planning to have a Use of Resource Rating of 1 by the end of the financial year. This plan is outlined in more detail in the graph below.

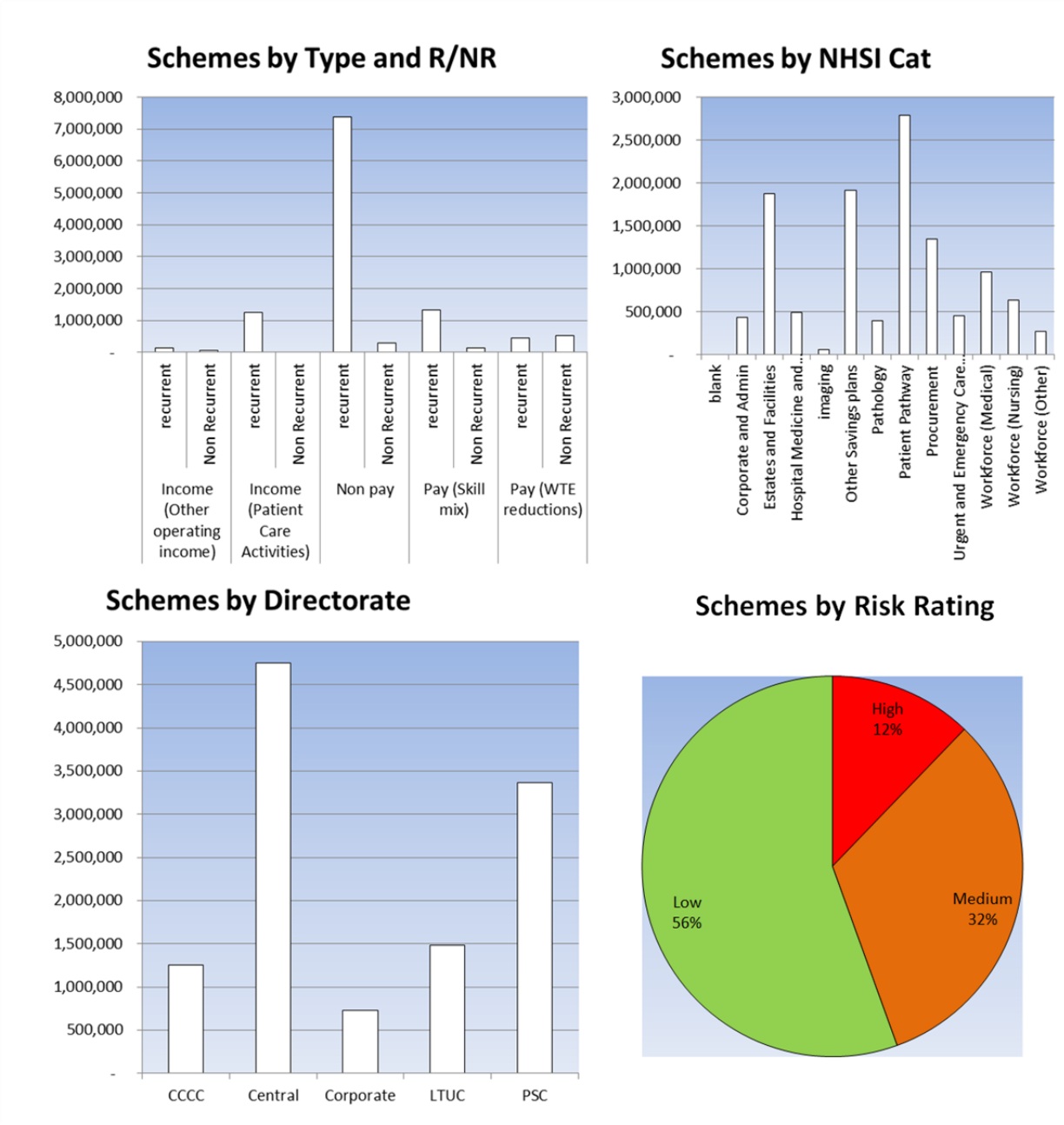
As with actual performance in 2017/18, the phasing of the plan during the first part of the year reflects the anticipated challenges of 2018/19 as the Trust seeks to address the underlying adverse position. This is expected to improve from September onwards.

Cost Improvement Programme

A CIP of £10.2m has been agreed across the Trust.

The current position is as follows:

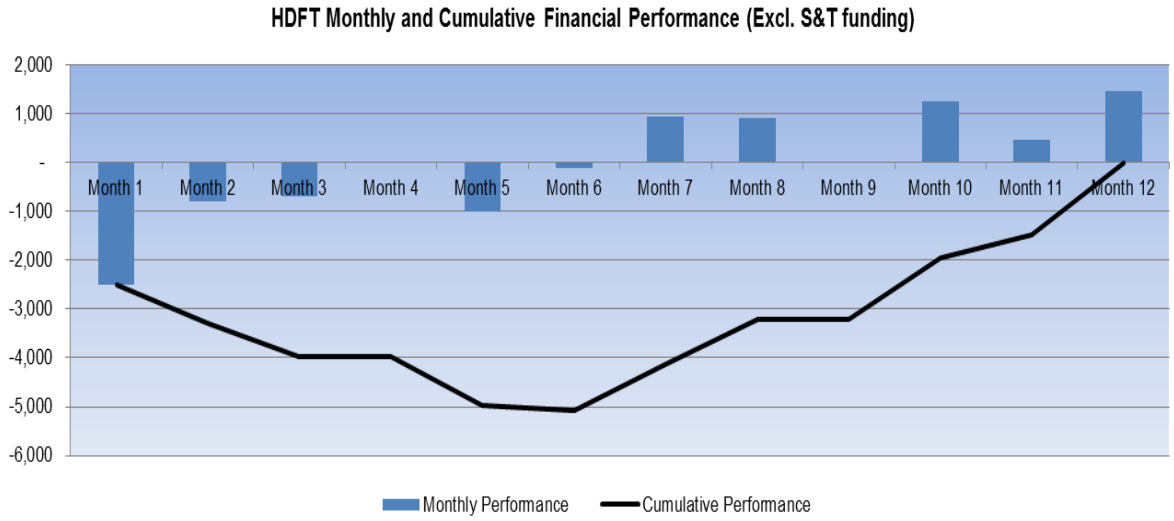
Target	Actioned	Low	Medium	High	Total	Total %age	Risk Adjust	Risk Adj %age
10,201,000	0	5,977,983	3,707,031	999,669	10,684,683	105%	8,844,643	87%
	% age of target	59%	36%	10%				



The programme has been risk assessed, and Quality Impact Assessments undertaken.

Plan phasing

The financial plan has been phased across the year as per the diagram below:



This phasing reflects a number of items within the plan, namely

- The new endoscopy unit, which opens in July and is assumed to be fully efficient by the end of Q2
- The mobilisation of our new contracts in Sunderland and Gateshead, with the contract start dates being 1.7.18
- Working days, and seasonal activity variations
- Elements within our CIP, for example pathology changes and the WYAAT procurement programme

Risk

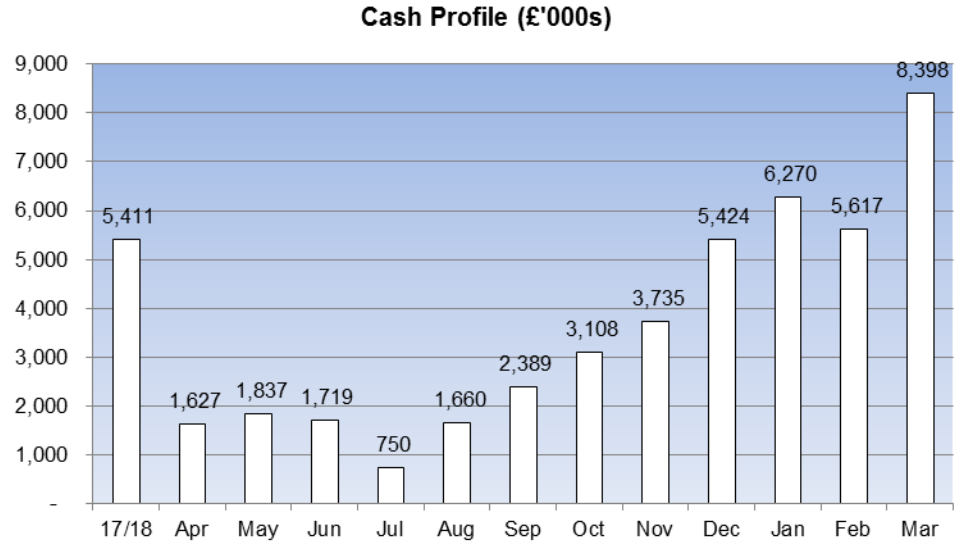
There are a number of financial risks that are being managed as part of the plan as well as a challenging CIP target to deliver as outlined above. The two key risks are the availability of workforce and the management of urgent care activity, particularly during winter. No winter funding has been assumed within the plan and this will need to be managed through the governance arrangements relating to our AIC and the A&E delivery board.

Mitigations for these financial risks relate to delivery of our approved clinical workforce strategy, managing capacity within the level of staff that we are confident we can employ, reducing the urgent care hospital activity/length of stay, and utilising any transformation funding that results from becoming part of an Integrated Care System across West Yorkshire and Harrogate. This funding would be used at local place to change the systems and processes in relation to capacity and flow (to enable the Trust to stay within a bed base that is staffed and affordable), and support the clinical workforce transition into future years.

In addition, given the financial risk across the local health community, we have agreed an AIC with HaRD CCG. This is intended to focus on reducing the cost of health care provision and be a framework for managing financial risk locally. We recognise that as an organisation this is a change in approach that in itself carries risk, but on balance the new arrangement will present the trust with a better opportunity to manage resources across the local health economy.

Cash

In 2018/19, the Trusts ability to move forward capital schemes will be predicated on the availability of cash as a result of the above surplus. As well as provide for capital, there is an element of ensuring the Trusts resilience and therefore improving the cash balance is vital. The profile for cash is outlined below.



This profile assumes an extremely modest level of capital expenditure in cash terms other than the carry forwards from 2017/18. There is also no change in the receivables position, however payables has a modest improvement to reflect the recovery of the delay in payments up to month 12.

Control Total 2018/19

The planning process has been geared around delivery of the control total and subsequent receipt of S&T funding. The Board has committed to delivering the control total, and this plan submission formally confirms acceptance of the control total for 2018/19 of a surplus of £3.98m, inclusive of £3.98m of S&T funding.

Triangulation

The triangulation analysis as submitted appears to illustrate a lack of triangulation in some areas between the financial, activity and workforce information. Comments are contained with the templates, but the key issues are:

- The new Community Children's contracts in Stockton, Sunderland, and Gateshead, which have significant staff increases within the workforce plan but no activity within the activity plan
- The bowel scope programme with the income from NHSE not reflected in the activity templates, due to the nature of the contracting arrangement
- The treatment of agency and WLI payments

Once these explainable items are adjusted for, the plan triangulates satisfactorily.

7. Membership and Elections

Harrogate and District NHS Foundation Trust continues to develop a representative and vibrant membership of over 18,000 people, offering innovative and active engagement across the organisation.

The Council of Governors is an integral part of the Trust and ensures that we are accountable to the community we serve. Governors 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 Trust's 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, across the population we serve, our staff, and the many stakeholders across health and social care. Members have been invited 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 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. During 2018 we will review and refresh our Membership Development Strategy.

The establishment of the Trust's new Youth Forum during 2017 has proved a highly successful way to actively engage with young people in decision making and give them the opportunity to influence future service development.

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. 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.

Appendix A: Strategic KPIs

Section	Indicator	Rationale	Goal / ambition	Scope	BAF Indicator Link
Delivering high quality care - patient safety	1. Emergency admissions receiving senior reviews within 14 hours of admission to hospital	This indicator is one of the national 7-day working clinical standards. Delays to both consultant reviews and a lack of on-going senior involvement in patient care have been linked to poor outcomes in patients. Timely reviews are linked to better outcomes.	100% achievement by March 2019, in line with the nationally proposed improvement trajectory.	Acute Services	BAF #2
	2. Reporting culture - Ratio of high/low risks	A large number of reported incidents but with a low proportion classified as causing significant harm is indicative of a good incident reporting culture. HDFT currently performs worse than the national average on this metric.	The national average based on the 2016/17 benchmark report is a ratio of 37. HDFT aspires to achieve this level by March 2018, with a further improvement to a level equivalent to the top 25% of Acute Trusts by March 2020 (a ratio of 68).	Trust wide	BAF #3, BAF #13
Delivering high quality care - patient experience	3. Friends & Family Test (FFT) - Staff - % recommend as a place to receive care. A high rate of approval demonstrates a high level of confidence in care quality amongst staff	The Staff Friends and Family Test (FFT) gives staff the opportunity to give feedback on the organisation they work in. A high rate of approval reflects a high level of confidence in the quality of care being provided.	% recommend = 90% by March 2019 and then maintain this performance. Current national figures: average = 79%, upper decile = 92%, upper quartile = 87%, HDFT = 87%.	Trust wide	BAF #1, BAF #13
	4. Friends & Family Test (FFT) - Patients. A high level of approval is evidence of a positive experience of care from patient/service user perspective	The Patient Friends and Family Test (FFT) gives patients and service users the opportunity to give feedback. A high level of approval reflects a high level of satisfaction with care received.	% recommend = 95% by March 2018 and then maintain this performance. Current national average is: 94%, HDFT is 94.6%.	Trust wide	BAF #1, BAF #2, BAF #13

Delivering high quality care - patient outcomes	5. Proportion of Best Practice Tariff achieved	Best practice tariffs (BPTs) are designed to incentivise pathways which reduce unexplained variation in quality and promote best practice. Achievement of BPTs is a measurable proxy indicator aimed at assessing the proportion of care that the Trust is delivering in line with best practice.	Achievement of 80% of total possible BPT income by March 2020.	Acute Services	BAF #13
	6. HSMR and SHMI indicators.	The Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital Mortality Index (SHMI) look at in-hospital mortality standardised against various criteria including age, sex and comorbidities. Mortality is a nationally recognised outcome indicator and sometimes seen as an overall indicators of care quality for acute care	Maintain within expected range.	Acute Services	BAF #1, BAF #2, BAF #13
	7. Safety Thermometer	Measures the percentage of patients receiving harm free care (defined as the absence of pressure ulcers, harm from a fall, urine infection in patients with a catheter and new VTE) in the Safety Thermometer audits conducted once a month. Whilst there is no nationally defined target for this measure, a score of 95% or above is considered best practice.	Maintain 95% harm free care and achieve 95.6% harm free by March 2019 - based on average harm free % of outstanding CQC acute providers. Review performance as a 6-month rolling average position.	Acute and adult community services	BAF #1, BAF #2, BAF #13
	8. Inpatient survey	National survey of inpatients conducted annually.	Achieve an overall score of 8.2 by 2021 (in line with the highest overall score reported by an Acute (Non-Specialist) Trust in the 2016 survey).	Acute Services	BAF #1, BAF #2, BAF #3, BAF #13
	9. Cancer patient survey	National survey of cancer patients	tbc	Acute Services	BAF #1, BAF #13

		conducted annually.			
	10. A&E patient survey	National survey of patients attending A&E which is conducted every 2-3 years.	tbc	Acute Services	BAF #1, BAF #13
	11. Staff survey	The national NHS staff survey is conducted annually. Results are presented in 32 key areas known as 'Key Findings' as well as a measure of overall Staff Engagement. High levels of staff engagement are positively associated with positive clinical outcomes.	Maintain overall engagement score (weighted) for 2017 and achieve overall engagement score (weighted) of 4.03 by 2021, in line with the highest score in 2016 for Combined Acute and Community Trusts.	Trust wide	BAF #1, BAF #3, BAF #13
Working with partners	12. Non-elective bed days	The indicator looks at the number of non-elective (emergency) bed days at HDFT for patients aged 18+, per month per 100,000 population. There is a shared local ambition to reduce reliance on bed based care where clinically appropriate. Preventing avoidable admissions and reducing acute LOS can only be achieved through partnership working and delivery of integrated care.	tbc	Trust wide	BAF #2, BAF #14
	13. Delivery of IT strategy in line with agreed milestones	The IT strategy aims to provide a robust scalable IT infrastructure that delivers information where staff need it; robust governance arrangements; high quality information management; training and development of IT skills in staff; efficient project management and procurement; and collaborative working with other NHS organisations. An element of the strategy is access to a shared record for all clinicians involved in a patient's care which is a critical success factor for delivering integrated care.	Paperlite by 2020. Delivery of implementation of WebV modules as set out in IT strategy.	Trust wide	BAF #16

	14. Patient satisfaction of new models of care - Adult Community Services Friends and Family Test	The Patient Friends and Family Test (FFT) gives patients and service users the opportunity to give feedback. This metric is used to monitor the impact of system-wide transformation programmes on the experience of patients using our adult community services.	Current national average is: 96%, HDFT is 93.6%. % recommend 95% by March 2019 and 96% by March 2022.	Community Services	BAF #1, BAF #13, BAF #14
Clinical and financial	15. Sufficient catchment population for key specialties of maternity, paediatrics and emergency surgery	To achieve clinical and financial sustainability, the Trust needs a catchment population which will generate sufficient activity/income to cover the baseline cost/fixed cost of providing the service. Growth beyond the fixed cost base delivers a growing margin and hence growing the catchment population becomes progressively more valuable.	A target catchment population of 300,000 for emergency surgery and 250,000 for paediatrics and maternity services by March 2021.	Acute Services	BAF #5, BAF #17
	16. Increased share of HaRD CCG, Leeds North CCG and Leeds West CCG referrals	This indicator assesses the Trust's progress against its strategic objective of continuing to expand secondary care services into Leeds.	HARD CCG - 90% applicable market share, Leeds North CCG - 25% market share, Leeds West CCG - 3% market share - by 2020/21.	Acute Services	BAF #5, BAF #15, BAF #17
	17. Surplus per occupied bed days	This reflects operational efficiency and productivity for in patient areas	3% improvement year on year.	Acute Services	BAF #2, BAF #5
	18. Income	A driver of financial sustainability	Increase of £5m per year next 5 years.	Trust wide	BAF #9, BAF #17
	19. I&E surplus	An indicator of current and future sustainability.	1% per annum	Trust wide	BAF #9, BAF #12, BAF #17
	20. Carter management costs	This indicator assesses the hospital management overheads in comparison to other organisations.	Achieve 6% by March 2018 and then maintain.	Trust wide	BAF #1, BAF #9, BAF #17

	21. Private income	Exploring opportunities to increase the income received from delivery of private patient care was identified as one element of maintaining clinical and financial sustainability. PPI generates a higher contribution than NHS tariff based income. Growth in private income as a % of overall revenue will strengthen bottom line indicators	tbc	Acute Services	BAF #9
	22. Research income	As set out in the Research & Development strategy, the Trust intends to maintain its current income from commercial research activity and NIHR income to support research staff to 2019. high levels of engagement in R&D are associated with positive clinical outcomes.	3% growth in 2017/18 and 2% growth year on year in subsequent years.	Trust wide	
Regulatory compliance	23. NHS Improvement Financial Risk Rating	As part of NHS Improvement's Single Oversight Framework, the Use of Resource Metric is used to assess an organisation's financial sustainability. This is the product of five elements which are rated between 1 (best) to 4.	To achieve a financial risk rating of 1.	Trust wide	BAF #10
	24. NHS Improvement Single Oversight Framework	NHS Improvement use a variety of information to assess a Trust's governance risk rating, including CQC information, access and outcomes metrics, third party reports and quality governance metrics. This metric reviews how the Trust is performing against the national performance standards in the "operational performance metrics" section.	To achieve a green rating overall each quarter.	Trust wide	BAF #10, BAF #12

	25. CQC Inspection Rating	CQC monitor, inspect and regulate health and social care services to make sure they meet fundamental standards of quality and safety and publish their findings. HDFT was last inspected by CQC in February 2016 and was given a "good" rating overall.	To maintain a rating of good or outstanding overall in the next inspection.	Trust wide	BAF #1,BAF #2, BAF#3, BAF #13, BAF #14

Appendix B: Key Performance Indicators and Targets for the Clinical Workforce Strategy

Growing our Capability

Delivering a sustainable workforce by:
- Increasing the number of non-trainees on the medical staffing rotas by 30 (ACP's Medical Training Initiative (MTIs), Clinical Fellows, SAS doctors)
- The development of 30 new roles in the Registered workforce (ACPs, Physician Associates and Nurse/Allied Health Professional Consultant)
- The development of 50 new Band 4 roles in the Non-Registered workforce (Assistant Practitioner and Associate Nurse roles)
- The development of 200 Apprenticeships

Delivering a high quality, competent workforce by:
- Achieving 95% mandatory training compliance
- Increasing the competencies of the Registered Workforce in: nasogastric tube insertion, diagnostics, capability assessments, non-medical prescribers
- Increase the competencies of the Non-Registered Workforce in: cannulation, diagnostics, observations, urinary catheters, administration of medicines, discharge planning and process, phlebotomy

Staff Engagement

To create an engaged, motivated workforce where everyone can contribute to their fullest by:
1. Being within the top 10% of Acute and Community Providers for overall Staff Engagement, including 3 sub dimensions:

a. Staff recommendation of the Trust as a place to work or receive treatment
b. Staff motivation at work
c. Staff ability to contribute towards improvement at work

To be an employer and provider of choice by:
1. Achieving 90% of staff who would recommend the Trust as a place to work
2. Achieving 90% of staff who would recommend the Trust as a place to receive care

To deliver a performance improvement culture by:
1. Achieving 90% appraisals for all staff over a 12 month period

Productivity and Efficiency

To create a sustainable workforce by reducing spend on temporary (Bank/Agency/Locum) staff by £2 million which is 20% of the total temporary staffing spend (based on 2015/16) for the following groups
- Foundation Doctors in Training
- Registered Workforce
- Unregistered Workforce

To improve retention and reduce costs of recruitment in key staff groups by reducing voluntary labour turnover to remain in line with the NHS average of 9.9% across:
- Registered Workforce (Bands 5-8B)
- Unregistered Workforce (Bands 2-4)
- Increase the retention of our over 55 workforce to 15% of the total clinical workforce

To improve workforce resilience by reduce overall sickness absence across the Trust
- To achieve 3.25% absence across the Trust
- To reduce absences related to stress, anxiety and depression to 10% of overall sickness absence