



Forward Plan Strategy Document for 2012-13

Frimley Park Hospital NHS foundation trust

Forward Plan for y/e 31 March 2013 (and 2014, 2015)

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

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Date	31 st May 2012

The attached Forward Plan Strategy Document (the "Forward Plan") and appendices are intended to reflect the Trust's main business plan over the subsequent three years. Information included herein should accurately reflect the strategic and operational plans that have been agreed on by the Trust Board.

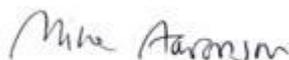
In signing below, the Trust is confirming that:

- The Forward Plan and appendices are an accurate reflection of the current shared vision and strategy of the Trust Board having had regard to the views of the board of governors;
- The Forward Plan and appendices have been subject to at least the same level of Trust Board scrutiny as any of the Trust's other internal business and strategy plans;
- The Forward Plan and appendices are consistent with the Trust's internal business plans;
- All plans discussed and any numbers quoted in the Forward Plan and appendices directly relate to the Trust's financial template submission.

Approved on behalf of the Board of Directors by:

Name (Chair)	M Aaronson
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Signature



Approved on behalf of the Board of Directors by:

Name (Chief Executive)	A Morris
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Signature



Approved on behalf of the Board of Directors by:

Name (Finance Director)	M Sykes
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Signature



A. The Trust's vision is summarised as:

The Trust overall vision is summarised as:

- Frimley Park will be at the forefront of clinical excellence.
- Patients will choose Frimley because they know that we provide a safe, caring and professional service locally.
- In meeting the needs of our communities, we will be seen as one of the best hospitals in the country.
- We will deliver high-quality and safe care by attracting and developing excellent staff and by being an excellent employer.

The key strategic themes that will underpin the delivery of the Trust vision include the following:

- To further develop the Trust 'hyper-acute' services by becoming an enhanced Trauma Unit. This will involve further developing the emergency spinal service and vascular emergency services; introducing a local acute stroke consultant rota and moving further towards 24/7 consultant cover in the Emergency Department.
- To continue to develop the underpinning consultant-delivered core services of the Trust – in particular:
 - to explore new ways of providing elderly care as well as developing fast-track assessment services;
 - to move towards 24/7 consultant cover in the labour suite and to enhance midwife ratios;
 - to extend consultant paediatrician medical cover;
 - and to enhance the medical cover for the Trust special care baby unit.
- To open the new Emergency Department and Day Unit, reviewing the emergency flow processes whilst working more closely with GPs and other partners to avoid unnecessary admission and readmissions.
- The Trust will further develop and implement its quality strategy for 2012 to 2015 and continue to reduce harm rates, aiming to remain in the best decile nationally for hospital infection rates.
- The Trust will continue to capitalise upon new opportunities, particularly in Berkshire, where patients increasingly choose to be treated at Frimley Park.
- The Trust will continue to enhance efficiency, through delivery of its transformation plan delivering savings of up to £10m per annum and working closely with partners to improve patient pathways and deliver more integrated care for patients.
- To align staff resource and talent for effective delivery of Trust objectives through:
 - Developing the leadership skills needed to drive transformational change within the organisation – both now and in the future
 - Maintaining and enhancing focus on staff engagement to retain staff commitment and motivation in a tough climate
 - Maximising efficiency of the workforce in line with service needs

B. The Trust's strategic position is summarised as:

Over recent years the Trust has strengthened its emergency services provision with the introduction of 24/7 interventional cardiology and expansion of vascular surgery. The Trust new flagship A&E and Day Surgery Unit will be opened during 2012.

The Trust has grown significantly since becoming a Foundation Trust, with growth in both emergency and elective services, particularly from Berkshire over the past two years. This growth has contributed to the Trust's ongoing success.

The NHS is currently in a period of transition, with GPs taking over as the main commissioners of health services and competition for healthcare services being encouraged, together with the simultaneous requirement to make financial savings.

To meet these new challenges the Trust is working closely with GP commissioners to help to shape clinical services in the 'new NHS'. The Trust is also working hard to enhance efficiency through an internal transformation programme and associated informatics improvement strategy.

The Trust is also forging strong partnerships with other local Trusts, including Royal Surrey County Hospital to provide the possibility of more significant clinical reconfiguration of services, should this be beneficial.

The Trust plans to continue to develop its infrastructure over the period of the plan and to continue to improve quality through increasing the level of service that is consultant delivered. Our reputation is currently strong and we aim to continue to grow both our NHS and Private provision over the coming years.

The Trust has invested heavily in consultant-delivered services, for example to provide a consultant presence in the Emergency Department from 8am to Midnight seven days of the week. The Trust believes that delivering services using the most qualified and experienced clinicians strongly differentiates the Trust from other similar acute hospitals and contributes to the excellent mortality and clinical quality statistics that are detailed in the Trust annual quality report.

C. The Trust's Clinical and Quality strategy over the next three years is:

The Trust has set the following three high-level priorities for the coming period:

To provide 'harm-free' care by reducing preventable harm

To be a high-quality expert centre for hyper-acute care

To provide an excellent patient experience

These priorities will be delivered through the in-year clinical and quality priorities which follow:

D. Clinical and Quality priorities and milestones over the next three years are:

To ensure that the three overarching priorities translate into meaningful and continuous improvements for patients and services the Trust has identified key priorities within each of the high level ambitions:

Priority 1 – Provide ‘harm-free’ care

Over the coming years the Trust intends to continue to monitor and track performance in a range of measures which, as previously, aim to reduce preventable harm from pressure ulcers, falls, medication errors and serious incidents. In addition to these areas that have previously featured within our quality account, the Trust will have a new focus on:

- Sepsis
- Venous thromboembolism and pulmonary embolism
- Catheter associated urinary tract infection.

Priority 2 – Be a high-quality expert centre for hyper acute care

In previous years the Trust’s overarching clinical outcome target has been to improve the Hospital Standardised Mortality Ratio (HSMR). The focus over the coming period will remain on the mortality ratio and we have identified four hyper-acute pathways as a priority:

- Stroke and TIA
- Vascular Surgery
- Cardiology
- Trauma

The Trust has identified pathway-specific targets for each against which performance will be measured. The Trust will also monitor the dementia performance indicators that have been proposed by the DoH.

Priority 3 – Patient Experience

Whilst the fundamental purpose of the hospital is to treat the clinical condition of patients, excellent care is much more than this. The experience of our patients is of major importance and is central to our mission to provide high quality care.

The Trust collects real-time feedback from approximately 500 patients every month. The Trust will continue to monitor trends against the following indicators:

- Would recommend Frimley to family or friends
- Percentage of patients rating their overall care as Good, Very Good, or Excellent

The Trust will also monitor the percentage of staff that would recommend the service to their family and friends, as monitored through the annual staff survey.

Performance is monitored by the Trust Quality Committee, Executive Board and Trust Board as well as being presented to the Trust Council of Governors.

E. The Trust's financial strategy and goals over the next three years:

The Trust is working closely with local GPs and clinical commissioning groups to try to maximise financial efficiency across the health community. Hospital clinicians and GPs are working together to refine patient pathways, referral criteria and clinical thresholds with the aim of agreeing a common approach.

Financially, these discussions and work streams support a number of local QIPP schemes that will reduce activity at the Trust. Offsetting this, the Trust continues to see growth in both elective and non-elective referrals, through attracting patients from farther afield and through demographic changes in its locality. Taken together, the Trust has planned for a relatively flat NHS activity plan for the coming three-years.

Other than activity changes, the Trust income levels are dependent upon the pricing mechanisms within the NHS National Tariff. For 2012/13 the tariff includes a 4% net reduction as an 'efficiency requirement'. The Trust financial models have incorporated this reduction together with a similar reduction in 2013/14 and in 2014/15.

For revenue costs, the Trust has modelled pay inflation of 1.2% in 2012/13, followed by 1.2% in each of the following years. Non-Pay has been inflated at 3% per annum and drugs expenditure at 12% per annum to also incorporate the growth of newer more expensive treatments.

Taken together with the activity and tariff assumptions, the Trust cost assumptions lead to a requirement to make savings of £8m in 2012/13 and £10m in each of the following two years to generate bottom line surpluses of between £1m and £3m each year. These levels of surplus have been set so as to generate cash to fund the Trust capital investment programme of £20m in 2012/13 and £11m in each of the following two years, whilst retaining 30 days of uncommitted cash.

The greatest risks to the Trust plans include more significant changes in activity; more significant changes in the National Tariff; and non-delivery of the Trust savings programmes.

Changes in activity are very difficult to predict. The Trust has no significant new competition, although this may change under the newer arrangements such as the 'any willing provider' initiative that is designed to increase competition in the NHS. Changes in activity (and therefore income) are partially mitigated by offsetting changes in the Trust cost base. The Trust aims to mitigate against the risk of more significant changes in activity by potentially targeting new markets (especially Berkshire) and by retaining flexibility in its costs.

Continuing increases in emergency admissions would represent a risk, particularly given the reduced tariff (30% marginal rate) for these. The Trust is working with local CCGs to support QIPP projects that aim to reduce emergency admissions and upon contingency plans should these not deliver in full.

Changes in the National Tariff are rarely signalled long in advance of coming into effect and the Trust finances remain exposed to such changes. The Trust does however actively contribute to tariff debates through the Foundation Trust Network, to help to influence against changes that may have consequences unforeseen by the tariff-setting bodies.

The Trust has established a robust project management framework for the delivery of savings plans. These are monitored by the Trust Board with managers and clinicians held to account for delivery.

F. The Trust's approach to ensuring effective leadership and adequate management processes and structures over the next three years is:

The Trust Board assesses its performance annually, using a self assessment questionnaire that is analysed using external facilitation. Any priorities for Board development are fed into the Board's objectives. Individual Board members are also appraised annually; Executives by the Chief Executive; The Chief Executive and NEDs by the Chair; and the Chair by the Senior Independent Director. These processes are overseen by the Board Performance and Remuneration Committee (PRC).

The Trust Board meets regularly with members of the Trust Clinical Directors, ensuring that key strategies remain clinically focussed. Management tiers below Board-level are subject to a formal succession planning and appraisal system that is led by the Director of HR and reported to the PRC.

The Trust is anticipating a number of board-level changes during 12/13. The Director of Nursing will be leaving in July 2012 and the term of three of the non-executive directors (including the chair) end on 31st March 2013. The Board will work with the Council of Governors over the coming months to ensure posts are either replaced or reappointed as appropriate.

G. The Trust's other strategic and operational plans over the next three years:

The Trust has been working closely with the Royal Surrey County Hospital in Guildford engendering increased levels of both clinical and non-clinical collaboration. The partnership is overseen through a joint 'partnership board' comprising Chairs, Chief Executives and Medical Directors from both organisations.

These partnerships have recently promoted the expansion of the 'partnership pathology service', previously between Frimley Park and Royal Surrey County to incorporate Ashford St Peters NHS Foundation Trust; and the development of a joint vascular surgery service between Frimley and Royal Surrey. The Trust is also working with the Royal Berkshire NHS foundation Trust to explore the possibility of providing a joint outpatient facility in Bracknell.

With regards to membership, the Trust's aim over the next twelve months is to continue to find better ways of engaging with the existing membership. The Trust's specific membership targets for the local catchment area for the year up to 31st March 2013 include:

- *Membership numbers* -To stabilize membership numbers at 15,000 whilst focusing on the diversity of membership.
- *Public and Patient members* – 10,000 of the 15,000 members should continue to be from the Public and Patient (Out-of-Catchment) constituencies.
- *Staff* – To continue to improve the linkage between Staff Governors and Staff members, working on revised and improved channels of communication.
- *Maintaining 2-3% of population that are members* – The Trust has achieved representation of at least 2.5% of the population in all of its Public constituencies. The Governors will also be looking at ways of retaining existing members, by developing the communication links.
- *Socio-economic groupings* – The Trust will continue to target recruitment toward identified under-represented groups within the community.
- *Age/Gender* – continue to target members aged between 20–59 years, by organising events at venues where this age group is likely to frequent such as local fitness centres and golf clubs. The target for 2012/13 is to recruit between 147- 220 new males members
- *Ethnicity* - The trust continues to need to encourage and increase BME (black minority ethnic) membership from all local communities.
- *Membership Engagement* – Work will continue with the Patient Experience & Involvement Group and Stakeholder Engagement Group to consider new ways to engage members. There will continue to be encouragement for all Governors to make the most of their local constituency meetings. This year there will be a continued drive to gain more linkage between membership, volunteering and fundraising.
- *Constituency Meetings* – The Trust will continue to organise Constituency Meeting's (Health Events) for our members to attend, now 6 per year (two being constituency meeting plus events). The Trust will also continue to develop these meetings to make them more participative for our members. The goal will also be to maintain the high number of attendance achieved in the past three years.
- *Election turnout and governor applications* – a plan is being developed for the 2013 election to enhance the election turnout; but also to increase the number and range of individuals from all demographics groups applying as prospective governors.

The Trust forward plans have been produced in conjunction with the Trust Council of Governors. The Board and Governors meet regularly both in public and in private (seminar) mode.

Strategic themes, capital plans, savings programmes and future quality initiatives were discussed with the Governors at Seminars held in January 2012 and March 2012, as plans were being developed.

A final summary of the annual plan content was reviewed by the Council of governors at its meeting in public on 8th May 2012.