

STRATEGY 2013-2016

OUR VISION

To continue to be one of the country's best healthcare providers

OUR VALUES

By being committed to excellence and by working together, we will face the future with a focus on efficiency and improvement to ensure our continued success as a leading healthcare provider



STRATEGY

We will deliver clinical excellence for our patients by consistently achieving the highest standards of care nationally. We will use leading edge diagnostics and techniques to provide first rate services for patients. We will work in and with our communities to deliver quality care in local settings and we will face the future with a continued drive for efficiency and improved service delivery.

FRIMLEY PARK HOSPITAL

A healthcare provider united in the pursuit of the goal of continuous improvement and the ambition and passion to be one of the country's best

The future of the economy is still uncertain and the changes to the NHS are still bedding in; this document describes a dynamic, rolling three year strategy and should be read in conjunction with our Annual Plan for Monitor, which will set out key objectives for each year.

Our strategy sets out Frimley's ambition for the next three years through five themes:

- Hyper acute** Specialist services working to nationally approved best practice standards
- In Hospital Care** Investing in leading edge diagnostics, facilities, and care for the patients and families who use our hospital
- Local Health Care** Working with and in our communities to deliver Frimley quality in local settings
- Non-NHS Income** Reinvesting the profit from our private patients unit, Parkside, into our NHS services
- Quality Efficiency** Continuing to focus on the quality of our patient care while being as efficient as possible.



INTRODUCTION

When developing this strategy we recognised how important it was to understand our local population needs and changing demographics. We also took into account the impact of the wider political, social, technological, and economic environment. This section describes those issues that informed the strategic themes and the objectives we intend to deliver over the next three years.

HEALTHCARE NEEDS OF THE POPULATION

In our three counties of Surrey, Hampshire, and Berkshire Public Health undertake an annual review of the needs of their populations and publish this as part of their Joint Strategic Needs Assessment. This shows that life expectancy for people living in the Frimley catchment is very good, and greater than the England average, which is mainly down to the healthy and wealthy characteristics of the people living in the area. There are exceptions to this and parts of Rushmoor, Woking, and Bracknell are less affluent and have a disease profile that is more associated with deprivation, such as respiratory disease and diabetes. Local Nepalese people have some specific health needs, including diabetes, cardiovascular disease and hypertension and the incidence of TB is higher than expected.

Overall the kinds of disease that are affecting people living locally and will have an impact on the hospital include:

- Neurological diseases such as Parkinson's, particularly in Surrey;
- Hip fractures across Surrey, Hampshire and Berkshire;
- Outcomes for cancer are good locally but the incidence of breast cancer is rising, and the breast cancer rates are higher than the national average in Surrey. In Rushmoor the measured incidence is lower than the national average and this could be because screening uptake is low;
- The number of people with Coronary Heart Disease, Chronic Obstructive Pulmonary Disease (COPD), and Diabetes is expected to rise - particularly in Bracknell and Rushmoor;

- There are more people having a stroke and particularly in the over 65s in Bracknell;
- Dementia is increasing across all three counties with predicted increases over the next 10-15 years of over 50%.

The average age of the population is increasing across England and a number of these diseases are the natural consequence of aging. The same is true of the people living in the Frimley catchment, with increases expected to be greater overall in Bracknell Forest, in people aged over 85 in Surrey, and in the over 75s in Hart and Rushmoor. The hospital will need to consider the implications of the aging population on its infrastructure and the specialties and expertise that it will need to respond to the change in demographics.

THE FRIMLEY CATCHMENT/ MARKET ASSESSMENT/ FRIMLEY PARK COMMUNITIES

The Frimley catchment area spans the boundaries of Surrey, Hampshire and Berkshire, all three of which are predicting a rise in their population over the next ten to fifteen years. This alone will take our catchment to 410,000; with rises in North East Hampshire of 13%, Rushmoor 7%, and Hart 2% by 2026. Woking and Wokingham are also forecasting significant population growth.

There are 3 Clinical Commissioning Groups (CCGs) where the majority of the patients choose Frimley:

- Bracknell and Ascot CCG
- North East Hampshire and Farnham CCG
- Surrey Heath CCG

In North East Hants and Farnham and Surrey Heath over 90% of patients come to Frimley for emergency care and outpatients. Bracknell and Ascot patients have been choosing Frimley more frequently over the last few years, to the extent that Frimley is now the largest provider of secondary care services in Bracknell and Ascot. There is an opportunity to increase the catchment to just over 450,000 if Frimley can secure a greater market share.

There is a wide geographical spread in terms of where Frimley patients come from. However, less than 1% of GP referrals come from outside Surrey, Hampshire, Berkshire or the military. This is probably representative of the hospital's position on the edge of the three counties and any market share increase is more likely to be as a consequence of people choosing Frimley rather than other hospitals in the counties, because of its reputation and the specialisms it provides.

The Hospital is working closely with community providers in response to the commissioners' intentions to shift care from secondary to primary care and prevent unnecessary hospital admissions. This is likely to reduce annual income and so attracting more patients to choose Frimley by demonstrating the quality of patient care - by being able to show safe care, providing an excellent patient experience and good patient outcomes - will go some way to offset any loss in income. However achieving annual financial balance will depend more on reducing costs by genuine efficiencies. Increasingly, this will mean working with other providers to share costs, thereby encouraging partnerships and integration.

The NHS faces a massive financial challenge insofar as growth in real terms is likely to be almost nonexistent. Consequently, all providers will be forced to work very differently, with the continued pressure on finance and the need to drive up standards and quality. Under these circumstances, service reconfiguration, closer partnerships, collaborations or even merger with another organisation are scenarios that may be in the long term interests of our patients.

SITUATION ANALYSIS/ HOW THE LOCAL ENVIRONMENT AFFECTS FRIMLEY

The Trust has assessed the key challenges and opportunities in the local health economy. These fall into eight key areas and they attempt to capture the local health service environment that relates to the Trust. They are as follows:

A health economy that is struggling to achieve financial balance with major changes to the structure of the NHS, including:

- The new NHS landscape, with the advent of the NHS Commissioning Board regional and local area teams (LATs), Clinical Commissioning Groups (CCGs), Health Watch, Health & Wellbeing Boards, and Clinical Senates,
- Three local CCGs being authorised, i.e. NE Hants and Farnham, Surrey Heath, and Bracknell & Ascot;
- Monitor changing its role to an economic regulator - setting prices and using tariffs to improve efficiency by 4-5% p.a.; licensing providers and promoting competition;
- Providers in competition. Transition to the new system presenting a major financial risk and possibly increasing fragmentation;
- CCGs wanting to shift care from secondary to primary care settings, e.g. palpitations, heart failure, MSK, diabetes;
- The requirement for better integration between community services, acute, and primary care providers to improve further the delivery of health care.

A focus on quality:

- Preventing people from dying prematurely and maintaining low mortality;
- Enhancing the quality of life for people with long term conditions through better integration with primary and secondary and social care
- Helping people to recover from episodes of ill health or injury;
- Ensuring people have a positive experience of clinical and customer care; listening and hearing what patients have to say about their care (with 90% of patients rating their care as good, very good, or excellent).
- Treating and caring for people in a safe environment and protecting them from avoidable harm;
- Adherence to standards from NICE and national best practice

Rapid advancements in technology resulting in:

- Responding to national innovation initiatives on health and increased emphasis on Research and Development;
- Investing in up to date and proven clinical techniques and practices, e.g. keyhole and robotic surgery with more bespoke medical devices and technology;
- Investing in best of breed clinical IT systems including the electronic patient record to improve efficiency and patient safety;
- Embracing the Department of Health initiative on 'Digital first'.



Commercialisation of NHS Services, meaning:

- The potential to undertake more private work and invest the profit in the NHS;
- Maintaining and where possible increasing treatments for MoD personnel;
- Actively marketing services to increase market share, extend catchment area, understand service gaps and develop new services or cease existing ones where they are deemed to be non-core and non-viable;
- Realisation that as finances get tighter there will be a greater emphasis on competition;
- Examining proposals to partner with Heatherwood and Wexham Park NHS Foundation Trust to provide a new surgery centre on the Heatherwood site;
- Responding to Any Qualified Provider invitations to tender.

The introduction of greater patient choice, which will require the hospital to:

- Understand patient health needs better;
- Operate in a more complex environment where there is collaboration and competition;
- Ensure the hospital environment is modern, clean, and user-friendly;
- Use 'quality boundaries' to increase overall market share and understand better why GPs refer;
- Ensure that Frimley is on the Choice menu in GP practices.

Requirement to seek year-on-year efficiencies using service transformation techniques, especially around:

- Reducing length of stay to within best quartile without increasing re-admissions.
- Improving the interface with primary and social care to reduce admissions;
- Streamlining patient pathways to promote faster, more effective care such as one-stop clinics;
- Reducing back office costs;
- Benchmarking clinical performance and aiming for top quartile results;
- Using Informatics to reduce costs and improve patient experience;
- Being prepared to enhance efficiency without reducing quality;
- Putting senior clinical decision makers at the earliest point in the pathway and extending the span of duty for consultants in the more acute specialties.

A need to equip the workforce to improve healthcare by:

- Reviewing skill mixes and productivity;
- Developing more sub-specialisation where appropriate;
- Providing more consultant delivered services outside routine office hours;
- Reducing the reliance on junior doctors as the number of trainees falls, particularly Specialist Registrars, and having a vision of the future medical model;
- Ensuring sufficient and high quality leadership capacity;
- Supporting staff with the skills and capacity to managing change with a focus on the patient;
- Introduction of LTEBs and Academic Health Science centres;
- Placing a greater emphasis on customer care and listening to patients.

A desire to develop the relationship between the Council of Governors and Members to influence key decisions and strategies:

- Developing the role of the Governors in accordance with the provisions of The Health and Social Care Act 2012 and enhancing their ability to hold the Board to account for the performance of the organisation;;
- Using the perspective of Members as patients to inform our plans and to help improve service quality;
- Developing the role of Members in the life of the organisation to enhance accountability;
- Developing stakeholder engagement to incorporate local authority partners and local Councillors for Health and Public Health;

KEY OPERATIONAL ISSUES

The Trust's strategy will be achieved through excellent leadership and people management capabilities aligned with the Trust's values and these will continue to be the focus of the Trust's Leadership Development Strategy. The Trust's leaders will need to discover opportunities for and to drive transformational change, building strong working partnerships both within the Trust and with other organisations to ensure delivery of excellent services. They will need to sustain continuous improvement in Trust performance despite reducing budgets, all the while maintaining high levels of staff engagement and morale. The emphasis will be on finding greater efficiencies within the Trust so that the focus can continue to be on quality and service improvements. Based on a sound understanding of government policies and local issues, Trust leaders will be entrepreneurial, creating opportunities within the market to secure the Trust's long term position.

The key issues to be addressed include the following:

- The hospital site is intensively developed, but further construction is still required to meet a shortfall in capacity and to improve patient experience. The new Emergency Department and Day Surgery Unit has modernised these services and enabled new ways of working, but there are deficiencies in capacity that still need to be addressed, namely operating theatres, MRI facilities, and Maternity.
- There has been a 20% growth in emergency admissions between 2008 and 2011. Some of the patients could be treated in alternative settings if new services could be developed in the community. The Trust must work more closely with GPs and community and social care to provide alternatives to emergency admissions to hospital. Although Frimley's overall length of stay is in the upper quartile, new initiatives are required to deliver care in a more timely way. The A&E 4-hour target still remains Frimley's biggest challenge in terms of performance;

- The hospital manages over 300,000 outpatient appointments every year and there are opportunities to transform outpatient care by:
 - Reducing unnecessary follow up appointments;
 - Providing one stop services;
 - Providing more outpatient services in the community;
 - Streamlining internal processes to maximise capacity;
 - Giving GPs email advice and access to test results.
 - Agreeing the key indicators for referral to hospital for elective care with local GPs.

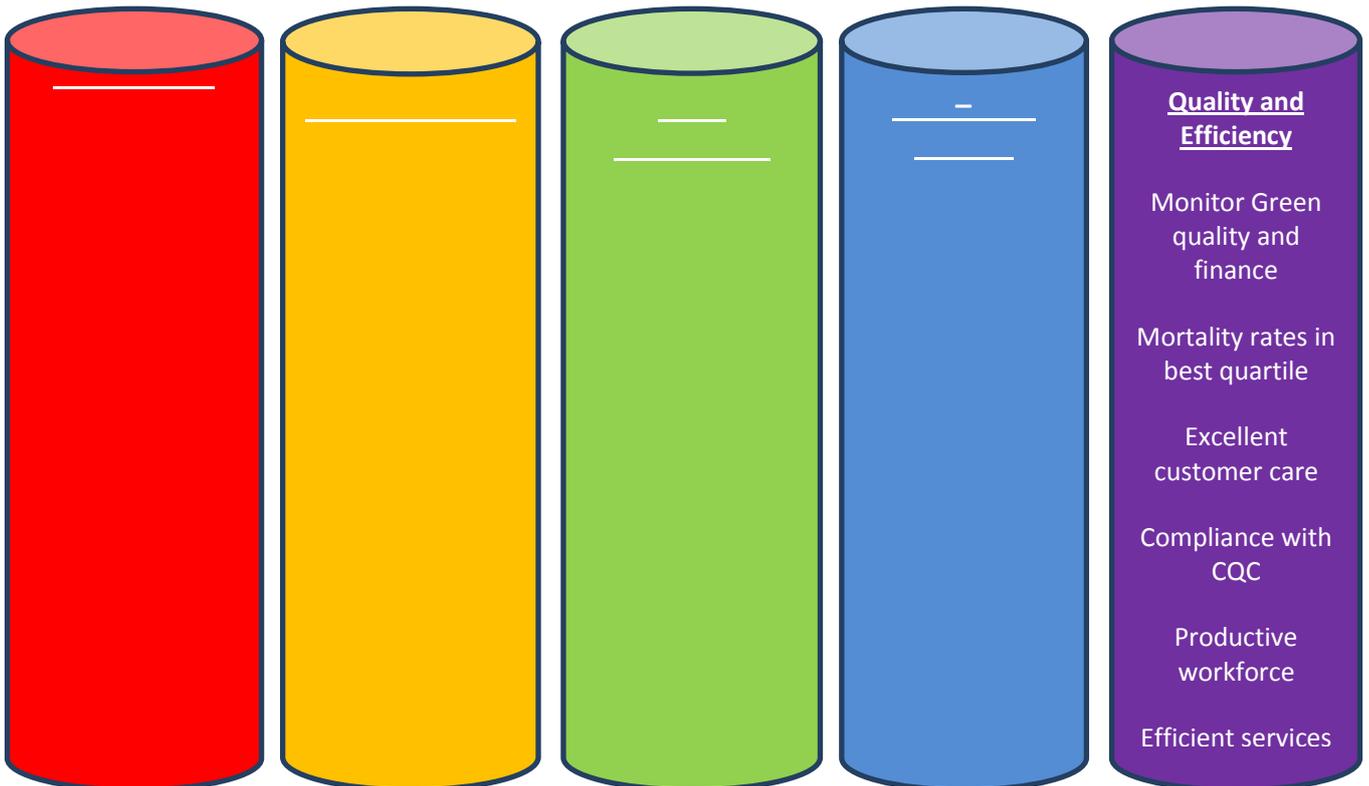
Pressure to transform care and improve efficiency will be enormous - good clinical leadership that delivers the changes that make a difference has never been more important. Without it the hospital will fail to provide high quality services and maintain financial control.



OBJECTIVES TO ACHIEVE THE STRATEGY

OUR VALUES

By being committed to excellence and by working together, we will face the future with a focus on efficiency and improvement to ensure our continued success as a leading healthcare provider



Hyper acute

Hyper acute services are pivotal to the success of our strategy. Ensuring we achieve the nationally recognised standards of care for these services means patients can be confident that the care they receive will be the best it can be.

- To be a Centre of Excellence recognised for specialist services:

Achieve the standards needed for specialist service status from the National Commissioning Board for: Vascular, pPCI, Trauma, Cystic fibrosis, Spinal, Stroke, Foetal medicine

- Build on Frimley's unique selling point of having more consultant-delivered emergency services out of hours than any other local hospital. The baseline position is set out below:

<u>Consultant Cover on Site</u>		
Specialty	Weekdays	Weekends
Emergency Department	8am - Midnight	8am - 10pm
General Medicine	8am - 8.30pm x 2	8am - 8pm x 1
Cardiology	Ward rounds x 7 days a week plus pPCI 24/7	
Critical Care	8am - 8pm	8am - 4pm
Emergency Theatre	8am - 7pm	On call only
Radiology	8am - 8.30pm	Saturday morning
Obstetrics	8am - 10pm	6 hrs Sat and 6hrs Sun
Paediatrics	8.30am - 9.30pm	On call plus ward round
General Surgery	8am - 8pm	Ward round and operating Sat and Sun
Trauma	8am - 7pm consultant delivered service	8am - 5pm Saturday 8am - 1pm Sunday (Consultant delivered service)
Vascular and Interventional Radiology	24/7 consultant delivered service for emergencies	
Stroke	24/7 consultant delivered service for acute stroke patients	

In addition, we are proposing to develop the following services:

- Make progress with our cardiac pacing and cardiac MRI services, and increase the referrals to Southampton for cardiac surgery;
- Establish a local plastics service, using the current expenditure incurred in commissioning a plastic surgery service from London-based providers to establish a local service;
- Explore the option of a link with the Royal Berkshire Hospital NHS Foundation Trust for acute renal services, making them more accessible to local people;

In Hospital Care

- We expect to be delivering 6000 babies by the end of this strategy period, so we will:
 - Move towards 24/7 consultant cover on the Labour Suite;
 - Ensure midwife to delivery ratio does not exceed 1:33;
 - Expand SCBU and achieve Neonatal Level 2 status. This will require a new Middle Grade medical rota;
 - Introduce the midwife led delivery unit;
 - Extend Consultant Paediatrician cover until 10pm weekdays and move towards 12 hours cover at weekends;

- Enhance the assessment service for dementia and provide an appropriate environment to care for these patients. Ensure strong associations with other services providing care for people with dementia outside the hospital;

- Ensure diagnostic services are at the leading edge with state of the art equipment. This will include new MRI facilities;

- Explore the option of subspecialty rotas within Orthopaedics;

- Make sure we have the right theatre capacity to respond to the growing demand for elective and emergency activity to avoid having to compromise the quality of care

- Move towards weekend working, recognising that Saturday should be a normal working day with Sunday working in the future.

Local Health Care

- Work with our commissioners to understand how Frimley can provide services that meet the needs of patients and contribute to improving local health outcomes
- In order to support people to stay at home and maintain independence, particularly the elderly and people with Long Term Conditions such as COPD, we will:
 - Work more closely with social care and community services to reduce unnecessary emergency admissions;
 - Develop with our commissioners a new model of care of the elderly that provides more care out of a hospital setting;
 - Create a rapid response assessment service 7 days a week for people who do attend hospital and work with partners to access packages of care in a timely way;
 - Collaborate with Social Care, Public Health, and Third Sector partners in the development and delivery of pathways;
 - Develop alternative pathways, including self-care and prevention, for patients with long term conditions, for example:
 - Diabetes
 - Heart failure
 - COPD
- Based on our Early Supported Discharge Service deliver Frimley standards of care in the community.
- Provide a local outpatient service in Bracknell and Ascot from Brants Bridge, and explore the option of working with Heatherwood and Wexham Park to provide new day surgery services on the Heatherwood Hospital site, if economically viable to do so. This will require a major investment that, via a managed transition, could result in Frimley becoming the principal provider for the Bracknell and Ascot population, which should take Frimley's catchment to over 450,000 by 2015;

Local Health Care

- Explore the option of an expanded chemotherapy service, for people such as those with breast cancer, so that patients do not have to travel to Guildford;
- Understand better the local catchment areas for each specialty, what choices patients are making and why, using the information to market services intelligently to patients and commissioners;
- Explore the potential to provide tertiary services locally, informed by an understanding of Frimley's position in the acute sector environment in the South of England;
- Capitalise on opportunities to attract new activity through 'Any Qualified Provider'.

Non-NHS Income

- Provide a bespoke treatment service to Ministry of Defence personnel;
- Maintain a strong, vibrant, Ministry of Defence Hospital Unit with 200 MOD staff;
- Improve our private patient facilities and expand the Parkside theatre capacity to support an increasing number of private patients;
- Proactively market Parkside using the Unique Selling Points of the Frimley Private Patient service, such as that all profits from Parkside go back into improving NHS services at Frimley;
- Further grow the Surrey Pathology Service;
- Capitalise on creativity and innovation in the Trust, taking commercial opportunities where they exist.

Quality and Efficiency

- Maintain compliance with each of the Care Quality Commission standards;
- Maintain CNST Level 3 rating for Maternity and Acute services;
- Ensure compliance with end of life pathways;
- Deliver a Green rating from Monitor for Governance every quarter and a financial rating of no less than 3;
- Ensure compliance with the conditions relating to the licence from Monitor;
- Ensure that staff have customer care at the heart of everything they do;
- Introduce a follow-up telephone call for all complex discharges and use other telecare and telemedicine to improve the patient experience;
- Maintain mortality rates in the best quartile of hospitals in England;
- Deliver 66% reduction in harm rates compared to the 2009/10 baseline;
- Ensure that control of infection is in the best quartile of performance;
- Use benchmarking to improve quality at a hospital level and by ward, including benchmarking clinical outcomes of our top ten procedures/treatments;
- Ensure that 95% of patients surveyed would recommend Frimley to family and friends;
- Improve communication with patients by ensuring that everyone has written information about their procedure if admitted electively, and all emergency admissions receive the admission booklet;
- Ensure adequate car parking for patients and relatives;
- Use PROMS to improve patient pathways;
- Maintain a Care Quality Commission rating of 'Green';
- Develop a new level of ownership of clinical data quality.

Quality and Efficiency - Productivity

- Ensure length of stay, day utilisation, theatre productivity and readmission rates are in the best quartile;
- Ensure management costs are in the lowest decile;
- Ensure Consultant productivity is in the best quartile;
- Use informatics to reform completely how the organisation functions internally and to drive productivity;
- Use Lean and other techniques to reduce duplication and improve processes;
- Use the procurement and purchasing function more aggressively to improve value for money and collaborate with other Trusts to improve purchasing power;
- Maintain a surplus of at least £2m.

Quality and Efficiency - Workforce

- Ensure that Frimley continues to be a favoured centre for junior doctors training and increase the training posts where possible;
- Ensure that sickness rates do not exceed 3%;
- Embed Frimley's values as part of a customer excellence programme for all staff;
- Ensure that 80% of staff receive an appraisal every year;
- Ensure that effective staff recognition schemes are in place;
- Maintain our Investors in People recognition.;
- Ensure the Trust retains its top 10% ranking on staff engagement;
- Use technology to work and learn smarter;
- Hold staff to account with clear performance goals;
- Implement revalidation arrangements for doctors;
- Have succession plans in place for key jobs;
- Ensure pay strategy is affordable and gets the best from staff;
- Ensure that managers have great people management skills and the best leadership qualities;

KEY RISKS TO DELIVERING THE OBJECTIVES

Key risks include:

- Risks arising through the Transition from PCTs and SHAs to Clinical Commissioning Groups and the National Commissioning Board, and the associated loss of local system leadership.
- Financial risk arising from the movement of financial responsibility from PCTs to CCGs and the associated requirement for them to deliver substantial QIPP savings against current levels of secondary care expenditure.
- Risk to future organisational viability in the light of new population-based clinical standards, and the potential loss of accreditation for key strategic services, e.g. pPCI, vascular.
- Financial and operational risk arising through a possible reduction in activity for MOD personnel.
- Risk of reduction of staff engagement and the 'Frimley Factor' through increasing pay and workload pressures resulting in a governance or financial failure.
- Risk of non-delivery of Transformation Plan/Cost Improvement Programme efficiency programmes and resulting financial instability.
- Risk of new contract penalties impacting upon Trust finances, resulting in non-achievement of the Trust financial plan.
- Succession planning risks arising through potential changes in key posts in the organisation including at Board level.

- Organisational capacity to deliver the strategy and other changes brought about as a consequence of the external environment.

SUMMARY

The national and local economic environment continues to be challenging and at the same time there is an increasing emphasis on maintaining and improving standards of care. At Frimley Park we live by our values and continue to put the quality of patient care at the heart of everything we do. To deliver the ambition set out in this strategy we will need to be as efficient as possible, work closely with other providers, and deliver the significant savings plans that are set nationally.