

Committed to excellence

Working together

Facing the future



**Our Future FHFT:
Our Strategy 2020-2025**

Strategy Implementation Update:

January 2020

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1. FHFT Strategy Update Summary

Our 5-year organisational strategy, *Our future FHFT*, was published in October 2019 giving the organisation time to build and develop our detailed plans aligned to our vision and our six strategic ambitions.

Work on the detailed plans was due to be completed in the last quarter of 2019-20 and the strategy implemented from April 1st 2020. However, elements of implementation were delayed as a result of the necessary response to the Covid-19 pandemic.

Despite the challenges we were able to implement key parts of our strategy and some were even accelerated ahead of schedule as a result of need. We have since reviewed our strategy and incorporated learnings from our Covid-19 response. Our strategy was always designed to be flexible and this has proved to be effective following our review over the summer. Our refreshed strategy will allow us to deliver our vision and our 5-year plan.



Vision

To be a leader in health and wellbeing, delivering exceptional services for our local communities

Our vision and values continue to guide everything we do as an organisation and they underpin the behaviours of each of the individuals within it. Our vision and values have also served to guide the development of our strategy and our 6 strategic ambitions that form the framework for our 5-year strategy. Our 6 strategic ambitions are:



Our strategic ambitions provide a clear framework for the organisation to work to in order to deliver the highest quality health and care services.

Each strategic ambition has a clear 5-year objective, all of which have been developed to drive our strategy forward and our most recent strategy refresh outlines how we will embed the implementation process to ensure delivery across the organisation.

Our ambitious 5-year objectives can be seen in the following slide.

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5-Year Objectives:

 Improving quality for patients

 Supporting our people

 Collaborating with our partners

 Transforming our services

 Making our money work

 Advancing our digital capability

Chief Executive Officer

Director of Nursing

Director of People

Medical Director

Chief Operating Officer

Director of Finance

Director of Transformation, Innovation & digital Services

To be in the top 10 Trusts in the country for safety and patient experience

To be in the top 10 best Trusts to work for in the NHS

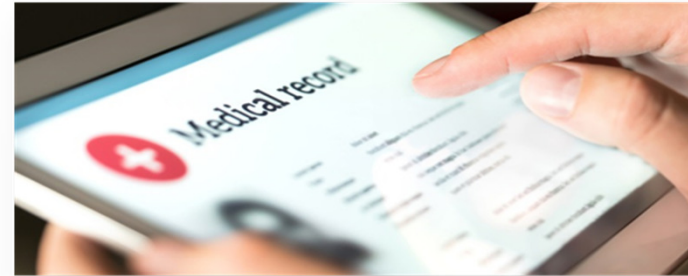
To reduce the need for hospital-based care by working collaboratively with our partners

To provide consistently excellent care as 'One Frimley Health'

To be in the top 10 Trusts in the country for efficiency

To be one of the top 10 digitally advanced Trusts in the country

FHFT in 2025



Our 5-year objectives provide our long-term direction for each of our strategic ambitions, these are underpinned by detailed priorities for year 1 and 2 of this 5-year period. These priorities are well-defined, SMART objectives with clearly defined metrics, targets and milestones.

Some of the key objectives for the coming 18 months include:

- Improving Quality - Implementation of a Continuous Quality Improvement Programme delivering key quality improvements - a 40% reduction in falls, a 25% reduction in Serious Incidents (SIs) relating to deteriorating patients, upper quartile performance for infection control.
- Supporting our People – Implementation of the NHS National People Plan, Delivery of psychological support, wellbeing and resilience training and provision for our teams as well as a focus on inclusion and diversity, effective talent management and succession planning alongside innovative approaches to retention and recruitment.
- Collaborating with our Partners – Urgent and Emergency Care, Planned Care and Community Care Programmes, Elective pathway re-design and recovery plans, implementation of NHS 111-First, development of our Same Day Emergency Care (SDEC) models and of course the further development of our pro-active community services, Hospital at Home and Frailty services
- Transforming our Services – Continued development of our operating model for our Heatherwood Elective Centre development, site configuration to meet future demands, the transformation of outpatient services; including clinical triage and virtual appointments, clinical prioritisation of workload and the development of effective green pathways.
- Making our Money Work – Implementation of our finance and commercial strategy including the diversification of income streams such as Private Patients and Research and Development, delivery of our Cost Improvement Programme (CIPs) and the development of commercial partnerships.
- Advancing our Digital Capability – Implementation of our digital strategy including key programmes of work such as our Electronic Patient Record (EPR) system provided by Epic, modernisation of our IT infrastructure, development of AI technology for diagnostics and robotic surgery

We will continue to review our priorities and adapt as the situation requires.

2. Partnership Working

'Collaborating with Our Partners' is a core strategic ambition and FHFT continues to work with partners across our ICS, and beyond, in order to deliver integrated, seamless care delivered closer to home. A clear example of this work is the successful bid by FHFT to provide community services across North East Hampshire, Farnham and Surrey Heath CCG areas in partnership with Virgin Care. The contracts, which will run from 1 April 2020 to March 2025, will strengthen collaboration with existing local health and care partners within the Frimley Health and Care ICS. Social care, mental health services and GPs, part of the newly formed Primary Care Networks and existing local GP Federations, will be working closer together to deliver the right care at the right time and in the right place.

3. Governance

Our governance structure has been established to ensure that there is alignment and clarity within the organisation to manage the complexity in order to focus on delivery. A key element of our governance is that it flows throughout the organisation with vision and direction provided from the top, coupled with meaningful and impactful operational input from the directorates, teams and individuals within the Trust.

4. Strategy and Business Planning

Our strategy provides the framework and context for our detailed business plans. As expected, we will continue to review our strategy and ensure that it aligns and supports our operational priorities as well as our longer-term objectives. Strategy development and business planning is a cycle that is continually built upon and improved to achieve more accurate forecasts and plans year on year.

5. Communication and Engagement

Successful delivery of our strategy and our strategic objectives will be through all levels of our organisation. It is imperative that our 9,000 people understand how they, as individuals, contribute to the strategy. How their day to day actions supports FHFT in achieving our ambitious objectives and, ultimately, delivers our vision to be a leader in health and wellbeing, delivering exceptional services for our local communities. Beyond our organisation, our plan is designed to engage our partners, our patients and communities; not only to make them aware of our strategy but to ensure they play an active part in shaping it and, where relevant, supporting FHFT to deliver key elements of our strategy.

Year 1-2 Objectives



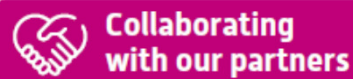
Strategic Objective Oct '20 to Mar '22	What are we doing to achieve this?	Measure of Success	Mar '21	Mar '22
1. Implementation of Frimley Excellence QI methodology aligned with strategy	<ul style="list-style-type: none"> Implementing QI strategy from October '20 Form Excellence team by end of the year Begin training of wider organisation in QI methodology and culture from October '20 	<ul style="list-style-type: none"> Number and type of people trained in QI methodology 		<ul style="list-style-type: none"> 50% level 1 50 people at level 2 10 people at level 3 3 Centre of Excellence leads trained in project delivery , 2 coached, 5 informed 15-20 wards trained in use of OMIS
2. Improve safety performance <ul style="list-style-type: none"> Falls Deteriorating patient Infection control 	<ul style="list-style-type: none"> Establishing underlying factors (Summer '20) and mobilising Continuous Improvement Programme to target reduction (from October '20) Identify areas for improvement from IPC Assurance Framework with associated measure via Hospital Infection Committee 	<ul style="list-style-type: none"> Reduction in falls Reduction in SIs related to deteriorating patient Upper quartile performance for IPC 	<ul style="list-style-type: none"> 10% reduction (from 2,643 to 2,379) 5% reduction e-coli performance to move Trust into 3rd Quartile 	<ul style="list-style-type: none"> 40% reduction (to 1,586) 25% reduction Upper quartile performance for IPC
3. Improve patient experience score from current position of 62 nd to 40 th in the country	<ul style="list-style-type: none"> Implementing post-discharge support process from October '20 Develop responsive action plans at directorate, specialty and ward level using findings from discharge survey – January '21 Creating volunteer database established and in use from October '20 	<ul style="list-style-type: none"> Improved patient experience score 	<ul style="list-style-type: none"> 8.2 or 51st in country 	<ul style="list-style-type: none"> 8.28 or 40th in country

Year 1-2 Objectives

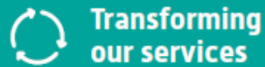


Strategic Objective Oct '20 to Mar '22	What are we doing to achieve this?	Measure of Success	Mar '21	Mar '22
1. To make the Trust the best place to work locally	<ul style="list-style-type: none"> Embed initiatives in response to COVID <ul style="list-style-type: none"> Launch conversations with employees on health and wellbeing, diversity and inclusion, career and flexible working from November '20 Increased psychological support and wellbeing from December '20 Implement Frimley's NHS People Promise action plan from November '20 Rest and recuperation room improvement by March '21. 	<ul style="list-style-type: none"> Improved NSS scores on health and well-being indicators (baseline 6) Reduced staff turnover rate (baseline of 13.6%) 	<ul style="list-style-type: none"> 6.1 13% 	<ul style="list-style-type: none"> 6.3 12%
2. To improve our leadership culture to make the most of the talents and potential of our diverse workforce	<ul style="list-style-type: none"> Work with directorates in Q3 to ensure key staff members benefit from improved NHSE and local leadership offerings available from January '21. Implement key strategies to support leadership: <ul style="list-style-type: none"> NHS leadership compact – June '21 FHFT management competencies – March '21 talent management – all directorates by April '21 MH First Aid – December '21 Overhaul recruitment and promotion practices to make sure that staffing reflects the diversity of the community, and regional and national labour markets – from October '20. Publish progress against Model Employer goals to ensure that the workforce leadership is representative of the overall BAME workforce 	<ul style="list-style-type: none"> Improved NSS scores on perception of immediate managers (baseline 6.9) Improved staff engagement score (baseline of 7.2) Number of AfC staff from a BAME background in senior leadership roles Band 8a-8c Number of AfC staff from a BAME background in senior leadership roles Band 8d, 9 and VSM 	<ul style="list-style-type: none"> 7.0 7.3 74 6 	<ul style="list-style-type: none"> 7.2 7.4 80 8
3. To grow the workforce which is fit the future	<ul style="list-style-type: none"> Work with our partner organisations to best use digital platforms to attract and recruit a new generation of workers. – Virtual recruitment events by 2021 Implement career pathways which span the ICS and best utilise the apprenticeship levy – 6 month pilot completed by April '21 	<ul style="list-style-type: none"> Reduction in vacancy rate (baseline 8.5%) 	<ul style="list-style-type: none"> 8% 	<ul style="list-style-type: none"> 7.5 %

Year 1-2 Objectives

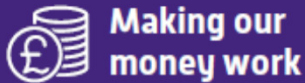


Strategic Objective Oct '20 to Mar '22	What are we doing to achieve this?	Measure of Success	Mar '21	Mar '22
1. Manage demand for urgent care services by transforming access to and provision of urgent and emergency care	<ul style="list-style-type: none"> Implementing '111-first' project Development of SDEC model 	<ul style="list-style-type: none"> Reduction of self-presenters to ED (baseline 75%) Increase of percentage of speciality take managed through SDEC (baseline 33%) 	<ul style="list-style-type: none"> From 75% to 55% From 33% to 40% 	<ul style="list-style-type: none"> Target tbc following review of '111-First' project From 40% to 50%
2. Manage demand for planned care services - ensure that patients have access to the appropriate services referred through the appropriate routes	<ul style="list-style-type: none"> Review of all priority pathways across primary and secondary care and formalisation of clinical triage mechanism to be rolled out by Jan'21 Partnership engagement programme to review EBIs and agree targeted reduction 	<ul style="list-style-type: none"> % of referrals that returned to primary care with a management plan and without an outpatient appointment Reduction in Cat 1 EBI procedures 	<ul style="list-style-type: none"> From 6% to 12% From 136 to 4 	<ul style="list-style-type: none"> From 12% to 15% From 4 to 0 (dependent on review of range of EBIs included in future)
3. Reduce ED admissions re-admissions for severely frail and patients aged 75 and over respectively	<ul style="list-style-type: none"> Delivery of at Home Service model across all five localities Development of community specialist practitioner capability, use of IRIS and launch out of hours community service for 24/7 provision Digital delivery channels and extensive support for management of long-term conditions - respiratory (including CF), diabetes, COPD, etc. 	<ul style="list-style-type: none"> Reduction in ED admission rate for severely frail patients Reduction in number of patients (aged 75+) readmitted within 3 days 		<ul style="list-style-type: none"> From 50.4% to 45.4% From 37 to 33 (each month)

Year 1-2 Objectives

Strategic Objective Oct '20 to Mar '22	What are we doing to achieve this?	Measure of Success	Mar '21	Mar '22
1. Transformation of outpatient model - 40% of appointments to be non-face to face	<ul style="list-style-type: none"> Review of referral pathways and implementation of ERS clinical triage with key option to refer to virtual or non-face-to-face service. 	<ul style="list-style-type: none"> % of virtual or non-face-to-face appointments 	<ul style="list-style-type: none"> 30% 	<ul style="list-style-type: none"> 40%
2. Provision of safe, streamlined pathways and services offering consistent service and outcomes across all FHFT sites	<ul style="list-style-type: none"> Review of clinical services across sites - evaluation of clinical services completed by Apr. '21 and service improvement programme implemented by Mar '22 	<ul style="list-style-type: none"> Review of clinical services completed and implementation started 	<ul style="list-style-type: none"> Completion of evaluation of all services, recommendations made, Exec approval 	<ul style="list-style-type: none"> Implementation of plans to re-align services across all sites
3. Build Heatherwood hospital Elective Centre and implement models of service provision	<ul style="list-style-type: none"> Review current assumptions and agree revised model by end of October 2020. Hospital commissioned and services started - Winter '22C Complete hospital build - Summer 2021 	<ul style="list-style-type: none"> Hospital built and operational 	<ul style="list-style-type: none"> Revised assumptions agreed 	<ul style="list-style-type: none"> Hospital fully operational achieving 90% theatre efficiency, increased proportion of one-stop-shop clinics
4. To provide timely access to planned care services	<ul style="list-style-type: none"> Clinical prioritisation of patients and development of green pathways to accommodate elective surgery patients in COVID-present environment Allocation of resources to match agreed models of provision including pooled clinical resource across the sites 	<ul style="list-style-type: none"> % of patients < 18 week RTT Nos of patients waiting > 52 weeks 	<ul style="list-style-type: none"> 80% 0 	<ul style="list-style-type: none"> 92% 0

Year 1-2 Objectives



Strategic Objective Oct '20 to Mar '22	What are we doing to achieve this?	Measure of Success	Mar '21	Mar '22
Deliver a breakeven position in Mar 21 and a 0.5% surplus by Mar 2022	<ul style="list-style-type: none"> Rigorous cost control informed by benchmarking using Model Hospital and application of GIRFT. Implement agreed CIP plan for second half of 20-21 from October 20 Delivery of key Trust projects i.e. Outpatient transformation 	<ul style="list-style-type: none"> Reduction in % of pay, agency and bank cost from current baselines of 67.14%, 3.81% and 8.55% respectively 	<ul style="list-style-type: none"> Pay cost 67% Agency cost 3% Bank cost 8% 	<ul style="list-style-type: none"> Pay cost 66.5% Agency cost 2.6% Bank cost 7.3%
2. Secure and grow alternative income streams	<ul style="list-style-type: none"> Review of private patient income to understand market post-COVID and set out plans to reinvigorate private patient activity. Pursue opportunities relating to research income Explore further partnership opportunities to create synergies or generate income 	<ul style="list-style-type: none"> Increase proportion of Research and Development + Private Patients Income from baseline of 1.59% 	<ul style="list-style-type: none"> 1.80% 	<ul style="list-style-type: none"> 3.4%
3. Improve our position as one of the most efficient Trusts in the country.	<ul style="list-style-type: none"> Provide meaningful PLICs level to support day to day decisions - PLICs becomes part of day to day decision-making for managers and clinicians. Review of all spending in line with Model Hospital metrics 	<ul style="list-style-type: none"> Improved Model Hospital Position (Reduced WAU cost) 		

Year 1-2 Objectives



Strategic Objective Oct '20 to Mar '22	What are we doing to achieve this?	Measure of Success	Mar '21	Mar '22
1. Deliver integrated patient record to support Trust-wide, 'One Frimley Health' Electronic Patient Record	<ul style="list-style-type: none"> Implementation of phases 1-4 of EPIC project - project team training, workflow adoption, building and testing content and end-user training. Begin phase 5 of project - post-live support and optimisation 	<ul style="list-style-type: none"> EPIC live across all sites and services 	<ul style="list-style-type: none"> Implementation of phases 1-4 	<ul style="list-style-type: none"> EPIC live across all sites and services
2. Improve the quality and quantity of data with single point of digital access for clinicians and patients	<ul style="list-style-type: none"> Delivering key elements of Connected Care Record: <ul style="list-style-type: none"> Provision of Resident Timeline in the Shared Care Record, Delivery of an Integrated Forward Plan to be used by recognised multi organisational MDTs starting with ICDMs – Pilot started Provision of Person Health Record 	<ul style="list-style-type: none"> Resident Timeline in place and being accessed % ICDMs using Integrated forward Plan 	<ul style="list-style-type: none"> Resident Timeline in place and being accessed 50% of ICDMs 	<ul style="list-style-type: none"> 100% of ICDMs
3. FHFT to become a leader in the field of robotic surgery including becoming a leading demonstration site.	<ul style="list-style-type: none"> Implementation of Versius project starting with training of relevant teams with surgery re-starting in summer. Focus on colorectal and urology in 2020-21 - live cases and operations from summer 2020. Further roll-out from 2021-22 Deliver demonstration cases and lists to generate income 	<ul style="list-style-type: none"> Number of robotic cases completed (both Versius and Da Vinci cases) Income generated as leading demonstration site £18k per annum 	<ul style="list-style-type: none"> 170 cases £18k 	<ul style="list-style-type: none"> 425 cases £18k