Frimley Health Foundation Trust (FHFT) Operational Plan

2021/22

(Submission date: July 2021 – H1)

Version Control	Changes	Author	Issue Date
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1.2	• Justified text • Updated reference to Frimley ICS status	**SG (DB edits)**	**Oct**
1.3	• Minor amendments (mainly to comments boxes)	**SG**	**Oct**
1.4	• Contents page updated and formatting changes	**SG/DB**	**Nov**

Contents:

1.Introduction

1.1. Purpose

The purpose of the Frimley Health Foundation Trust (FHFT) Operational Plan is to provide an overview of our priorities and plans for the year ahead with a continued focus on providing exceptional health services in a financially restricted environment.

This document will initially give a brief overview of the wider strategic context and how our plans will be fully aligned and responsive to these national and local changes and requirements. It will then summarise key achievements made during the previous year (2020-21) and build upon these during this year's operational plan.

This year's plan will provide a high-level outline of our key objectives and actions for the year against each of the Trust's 6 strategic ambitions that are set out within our Trust's five-year strategic framework "Our future Frimley Health Foundation Trust." The plan will also provide an overview of our activity and financial plans. This is set against a backdrop of challenges to restore services, meet new care demands and reduce the care backlogs that are a direct consequence of the pandemic, whilst supporting staff recovery and taking further steps to ensure equality in access, experience and outcomes.

1.2. Strategic Context

The national and local landscape is rapidly changing and the policy on Integrated Care Systems (ICS) has developed further. Frimley Health will continue to implement our strategy, '*Our future FHFT'* and the operational plan in this context. A regular review of the changing landscape is essential to ensure that what we implement remains relevant and achieves the desired outcomes for our residents, our system and meets national requirements.

1.2.1. Strategic Context – National

The priorities and plans set out in our Operational Plan continue to be focused on delivering the aims set out in the NHS Long Term Plan (2019) and the lessons learned from successful collaboration during the Covid-19 response. The more recent NHS white paper, 'Integration and Innovation: Working Together to Improve Health and Social Care for All' (Feb '21), reinforces our Trust and ICS's ethos and commitment to embed integration into the architecture and address the drawbacks of existing frameworks.

1.2.2. Strategic Context – System & Local CCG Context

Frimley Clinical Commissioning Group - on 1 April 2021, Frimley Health's three local commissioners merged into one across Frimley Health and Care ICS. This supports the direction of travel to a new health care bill due to be legislation in April 2022, which will enshrine integrated care systems (ICS) into statutory bodies.

The Frimley Health and Care Integrated Care System (ICS) is a high performing system. It has a long-standing track record of delivering innovative and high-quality services across acute, community,

mental health and primary care. The strong relationships across the system are highly valued and are seen as central to the success of Frimley Health and Care.

At a national level, the policy around ICSs is evolving and the requirements and characteristics of what it is to be a high performing system are changing with it. The white paper, *'Integration and Innovation: Working Together to Improve Health and Social Care for All'* (Feb '21), provides recommendations as to how we can continue to deliver our system strategy in the context of the development of the national policy landscape. In particular, there is increasing focus on the importance of **place-based working** (area networks), **provider collaboratives** (providers working more closely together with less bureaucracy), **strategic commissioning** and an ongoing focus on population / community health, health outcomes. The ICS has developed a **roadmap** which highlights the elements of work that needs to be completed over a three, six and twelve-month period in order to bring these new ways of working into a reality that all partners understand, support and adopt. This is aligned to the ICS strategy (2019) which has a commitment to address health inequalities and maintain financial balance over the next five years (in line with the NHS Long term plan).

The ICSs geographical footprint and the local authorities - The government put forward new legislation proposing all ICSs should have the same geographical footprint as upper tier local authorities. Our Frimley Health and Care ICS area straddles three unitary authorities and parts of two county councils, making it one of several systems that doesn't fit into existing local authority boundaries. Collaboratively the benefits of keeping the successful system like ours intact was shared with government and, on the 22nd of July 2021, it was announced that the Frimley Health and Care ICS would remain as an ICS despite crossing a number of local authority boundaries.

NHS 2021/22 Priorities & Operational Planning & Contracting Guidance - Our FHFT operational plan is also fully aligned with our recent ICS submission in response to the NHS Operational Planning and Contracting Guidance 2021-22. This NHSE submission was collaboratively developed incorporating the key operational elements of each of the organisations within the system.

The NHSE guidance is in the context of continuing to respond to ongoing Covid-19 challenges, while restoring services, meeting new care demands, and tackling inequalities. It describes **six priorities:**

1. Support staff health & wellbeing, recruitment and retention
2. Deliver vaccination programme & meet needs of Covid patients
3. Build on what learned to transform delivery of service, accelerate restoration of elective and cancer, manage increase in mental health demand
4. Expand primary capacity to improve access, outcomes and health inequalities
5. Transform community & urgent care to prevent avoidable attendance at emergency depts, improve timely admission and length of stay.
6. Collaborate across the system

The guidance only covers the first six months of the year (H1), reflecting the uncertainty ahead for the NHS and therefore our operational plan will need to flex as required during this financial year.

1.2.3. Strategic Context - Local Context: Frimley Health Foundation Trust

In 2020, the Trust published its five-year strategic framework '*Our future Frimley Health Foundation Trust.*' Our Trust's vision is, *'To be a leader in health and wellbeing, delivering exceptional services for our local communities.'* This is underpinned by our longstanding values of: *'Committed to excellence; Working together; and Facing the future.'* These values continue to guide everything we do as an organisation and they underpin the behaviours of each of the individuals within it.

Our six strategic ambitions provide a clear framework for the organisation to work to. Each strategic ambition has a lead executive director and clearly identified objectives to achieve by the end of our 5-year journey as well as detailed year 1-2 objectives. These are SMART objectives with clearly defined metrics, targets and milestones all aligned with and leading to the achievement of our overall 5-year objectives. Please see figure 1 below for an overview.

This operational plan will focus on detailing the plans within this next year (2021/22) highlighting key elements of the long-term strategy as well as the key elements of the ICS and Trust strategic plans and the lessons learnt and adjustments from the significant impact of Covid-19 (also referred to as Covid within this document).

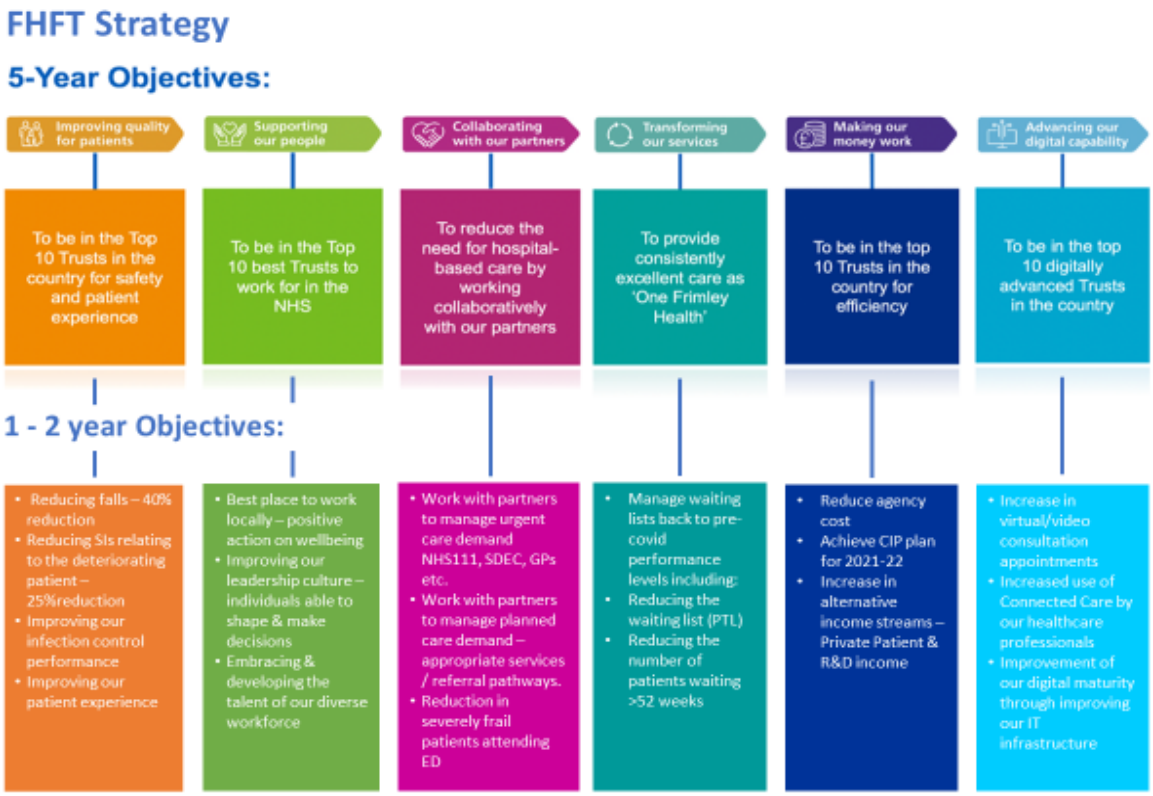

Figure 1: Our future FHFT 5-year and 1-2 strategic objectives

1.3. Reflection & Key Achievements in 2020/21

The Trust has faced an unprecedented year managing the response to the Covid-19 pandemic. In wave 2 the Trust was particularly hit hard with a high rate of Covid admissions. This required radical changes in the ways we worked in such a short period of time. Despite this, as a Trust and as an Integrated Care System (ICS) there has been a significant amount of progress and achievements to celebrate in 2020-21. Table 1 below summarises some of our service developments and improvements delivered within 2021/22. This is a remarkable achievement given the challenges faced with managing the pandemic.

Table 1 - 2020-21 Key Achievements

	Strategic Ambitions					
	Improving quality for patients	Supporting our people	Collaborating with our partners	Transforming our services	Making our money work	Advancing our digital capability
Community services contract award – £85m, five-year deal for north-east Hampshire, Farnham and Surrey Heath.	√	√	√	√		
Diabetes technologies expansion - £207,000 invested in consultant, specialist nurses and dietician at Frimley Park to support diabetes patients to manage their condition with insulin pumps and smart monitoring devices, resulting in better self-care and fewer hospital visits.	√		√	√		√
Paediatric respiratory service - £318,000 for a consultant and nurses based at Frimley Park to provide a specialist asthma service, helping to educate children and families to manage their condition and reduce unplanned hospital visits and crises.	√			√		
Vascular hub expansion at Frimley Park, in partnership with St George's Hospital – Service transfer from Ashford and St Peter's to expand coverage of complex arterial procedures to the population of Surrey and surrounding areas.	√	√	√	√		
MRI - £1.8m for a second magnetic resonance imaging machine at Wexham Park, helping to reduce waiting times and length of stay for patients	√	√		√		√
SDEC (same day emergency care) services – Streamlining access to urgent care services and ensuring more patients are seen promptly without needing to be admitted.	√	√	√	√		
Ward 7/8 improvement at Wexham Park – creating one of the region's advanced units for patients with dementia with a bright, well-lit, calm environment.	√	√	√	√		
Radiology home working - £408,000 invested in technology to allow radiologists to work more flexibly, leading to quicker turnaround times.	√	√	√	√	√	√
Urology laser – State-of-the-art laser treatment of bladder tumours at Heatherwood Hospital urology unit. Allows treatment in outpatients setting rather than lengthy surgery	√			√	√	√
Refurbishment and expansion of Wexham Park mortuary - £400,000 to improve mortuary environment.	√	√		√		
Berkshire and Surrey Pathology Services Lighthouse Laboratory – commissioned by NHS England to support Covid Test and Trace (Frimley Health is a partner in BSPS)	√	√	√	√	√	
BSPS network expansion to include Surrey and Sussex Hospitals NHS FT.	√		√	√	√	
Expansion of First Contact Practitioner - £14,000 to provide advanced practitioner input in GP practices to help manage, advise, refer and treat musculoskeletal conditions.	√	√	√	√	√	
Modular endoscopy unit - £3m investment at Wexham Park, including £1.8m from NHS England, to support cancer pathways and faster diagnostic standards.	√	√		√		
Versius robot – Allows surgeons to operate on a range of patients using keyhole technology, reduces wound size and risk of infection and speeds up recovery.	√	√		√	√	√
Trust WiFi Infrastructure - £3.1m improvement to support agile working and development of the Epic single patients record.	√	√	√	√	√	√
More than 42,000 Covid vaccine doses given by FHFT vaccine hub (now closed) to patients and health & care staff. With over 90% of front-line Trust staff receiving their Covid-19 vaccination	√	√	√	√		
Refurbishment of 51 rest rooms and implementation of Project Wingman initiatives to increase and improve spaces for staff rest and recuperation		√	√	√		
HCA vacancy rate was at 12.33% and now reduced to 5.72% (69.7wte fewer vacancies). This has helped reduce the Trust's overall vacancy rate.	√	√	√	√	√	

2. Operational Plan 2021/22

2.1. Elective Recovery & Setting the Operational Planning Landscape

Despite the achievements and progress made in 2020/21, it is recognised, that there is a significant amount of work still to undertake to recover, restore and support our teams and services within the coming year. The next section will describe in more detail our operational challenges and planning process.

2.1.1. 2020/21 Planning Context

The Trust and ICS were significantly affected in both waves of the pandemic. The second wave was particularly challenging, at one point the Trust had the 5th highest number of Covid-19 inpatients in the country, caring for approximately 800 Covid-19 inpatients at the peak and with particular pressure on intensive care which required critical care capacity to operate at 250% of normal levels, and an additional 52 critical care patients had to be transferred to other critical care units around the country. Covid activity was also slower than many areas to reduce and consequently there was a delay as staff took recovery time before deploying back to their normal duties, including supporting planned care.

Despite this, the Trust managed to sustain a level of performance throughout Covid Wave 1 and Wave 2 and is on its way to recovery. At the outset of wave 2 FHFT had already bounced back to 85% of 19/20 activity volumes as shown in the figure 2 below.

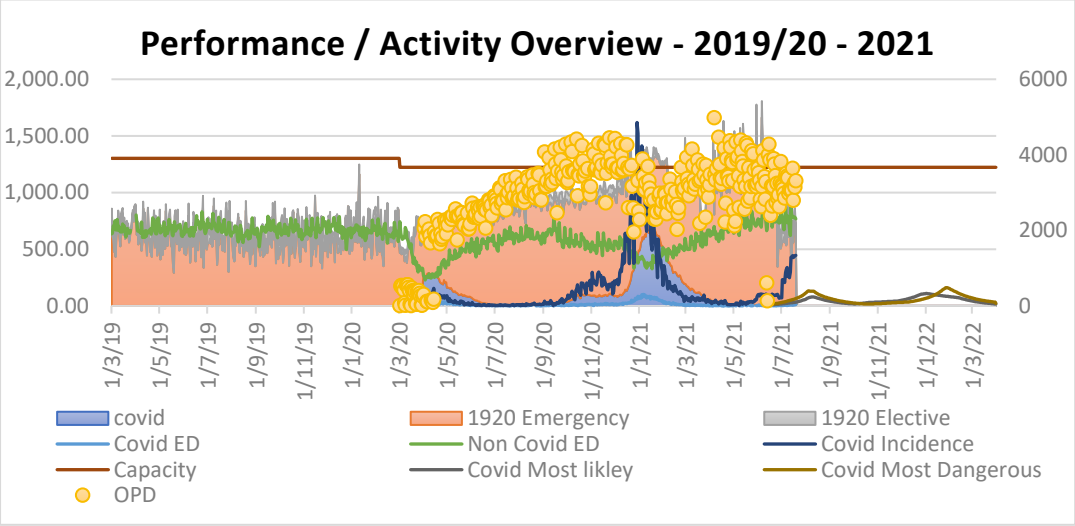

Figure 2 – Performance / Activity Overview – 2019/20 – 2021

2.1.2. Planning Forecast 2021 / 2022

2.1.2.1. Stage 1 Planning Phase

FHFT has developed a recovery plan covering a possible mild Covid Surge 3 (labelled the 'most likely' scenario') and a comparatively intense Covid Surge 3 in the summer (labelled the 'most dangerous' scenario). Our 2021/22 plans are based on the 'Most Likely' scenario with a contingency plan in place for the 'Most Dangerous' scenario.

The 'Most likely' scenario aligns with the assumptions used by WSP (regional Covid modelling support) and assumes that the Trust will have to function assuming that around 40 beds per site will be required to support Covid patients. This scenario factors in the impact of the 'Delta' Variant and the improved vaccination efficacy figures released by Public Health England. The two graphs below show overall performance during the pandemic and have a forward forecast of the impact of Covid in the coming months (see Figure 3 and 4).

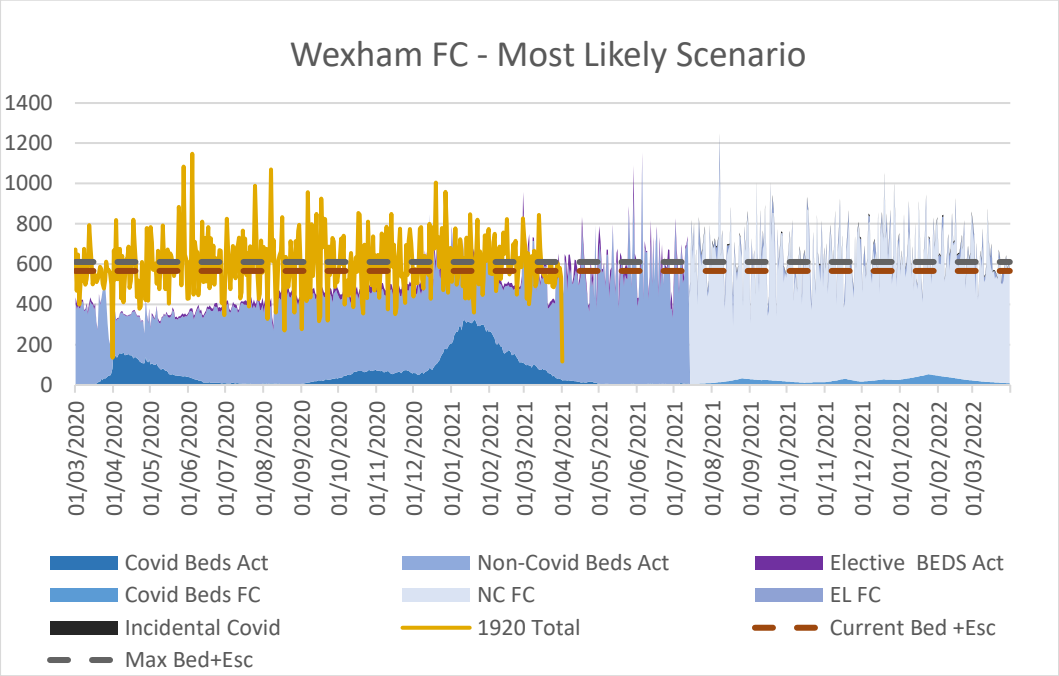

Figure 3: "Most Likely" scenario of Covid Surge 3 (35-40 beds Frimley North) at Heatherwood & Wexham Park Hospital

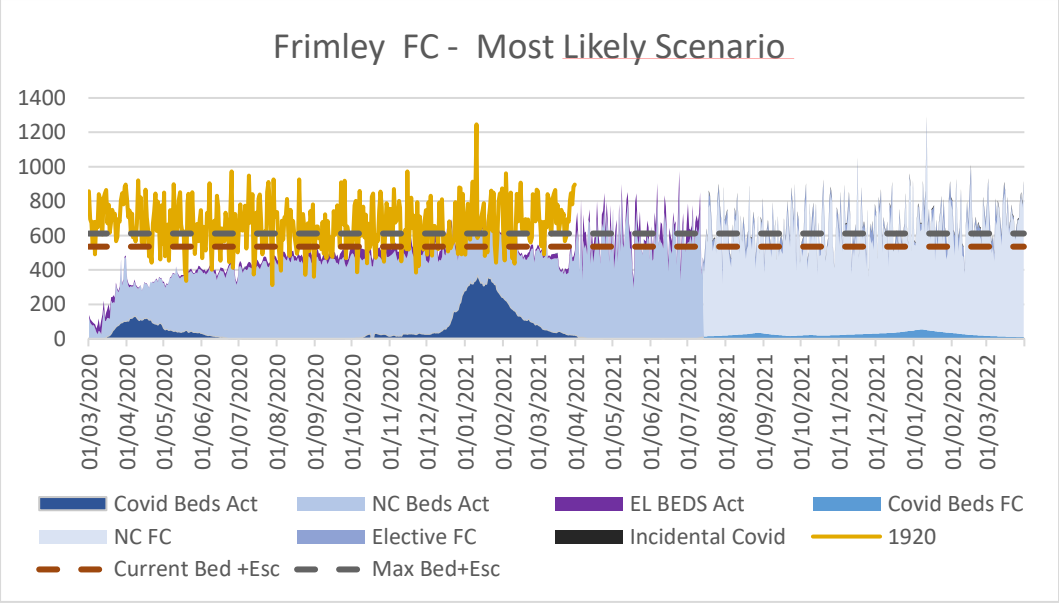

Figure 4: "Most Likely" scenario of Covid Surge 3 (35-40 beds Frimley South) at Frimley Park Hospital

The 2021/22 Operational planning process has been performed in two stages. Stage 1 of the plan is focussed on getting back to 19/20 Pre-Covid activity levels and Stage 2 plans for clearing backlog to improve the waiting list position.

Stage 1 Assumptions:

Stage 1 of 2021/22 planning is summarised in table 2 below. It is based on the 'most-likely' scenario (with Covid Surge 3) and seeks to return to 19/20 pre-Covid activity levels by July. The planned reduction in activity in December and March (highlighted in yellow) is factored in and includes launching the new Electronic Patient Record System 'Epic' in March 2022.

The activity assumptions shown below are based on the 'most likely' scenario described above and referrals continuing at current levels (with any growth in the medium term somewhat mitigated by referral pathway reviews and education). All outpatient and theatre capacity returns, except for one theatre and an additional theatre of capacity is added via the independent sector delivering on agreed contract levels.

Table 2: Planning 2021/22

	ICS Plan for FHFT						FHFT Internal Plan					
Activity Performance	**April**	**May**	**June**	**July**	**August**	**September**	**October**	**November**	**December**	**January**	**February**	**March**
Elective Inpatients (% of 19/20 volumes)	70%	80%	90%	100%	95%	100%	100%	100%	90%	100%	100%	90%
Non-Elective Inpatients (% of 19/20 volumes)	103%	103%	103%	103%	102%	102%	102%	102%	102%	101%	101%	101%
Outpatients (% of 19/20 volumes)	85%	95%	100%	100%	100%	100%	100%	100%	80%	100%	100%	80%
A&E (% of 19/20 volumes)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

The table above is based on the following planning assumptions:

Stage 1: Planning activity assumptions
Elective Inpatients –all activity thresholds set out in the planning guidance will be achieved for April and May and achieving more after with a 90% in June, rising to 100% in July, 95% in August, followed by 100% from September – November. This will be dropping to 90% in December, 100% in Jan and Feb, dropping back to a 90% in March (due to Epic 'Go Live').
Outpatients – to achieve 85% in April which is close to current performance increasing to 95% in May followed by 100% for each month in Q2 (except December and March at 80% due to the reasons outlined above).
Diagnostics - in line with planning guidance for April and May and back to 100% from June. There will be an additional 600 MRIs a month for June followed by 650 MRIs on top of the baseline for the following months. As well as an additional 600 CTs from Oct - March 2022 and an additional 800 Non Obs Ultrasound from Oct-Mar 2021.
Emergency admissions – assumes 100% of 19/20 volumes, with 2% increase in Cardiology, Stroke, Respiratory and diabetic medicine, for Post Covid readmissions. Ambulances and walk ins are also set to 100% of 19/20 volumes.

Transformational changes - have also been factored in due to changes in pathways and different modes of delivery including:

Stage 1: Transformational Change planning activity assumptions
Outpatient activity delivered virtually - 25% of all outpatient activity, by speciality to be delivered virtually in total with specialities excluding OPPROC activity to be at 40%
Conversion of overnight Spells to SDEC activity reduction in beds - we have applied an assumption of converting 18 beds worth of activity to SDEC in line with converting activity delivered in wards currently to SDEC.
Patient Initiated Follow Ups (PIFU) and Advice and Guidance (A&G) transformational changes have also been factored in:

Provider Level	Apr 2019 - Mar 2020	Apr 2019 – Sep 2020	Apr 2021 – Sep 2021	April 2021	May 2021	June 2021	July 2021	August 2021	September 2021
Total Advice and Guidance requests processed/answered			13357	2152	2302	2173	2550	2017	2163
Number of patients moved or discharged to a PIFU pathway for the first time			440	0	0	62	126	126	126

Baseline Changes - certain changes to the baseline have also been incorporated due to recording and pathway changes:

Stage 1: Activity Baseline assumption changes:
Reduction to baseline for transfers of Echo's to Primary Care (medicine) -Transferring activity from secondary Care to Community provision by 7408 a year. Plans in place to provide echo's locally in Frimley North to match Frimley South provision (as part of the Diagnostic hub submission).
Reduction to baseline for transfer of Audiology & Hearing tests to BHFT (Specialist Surgery) - 5000 ENT OPD Procedures not performed per year, due to a change in pathway retaining activity in the community
Reduction to baseline for loss of lung function tests due to Covid-19 (Medicine) -600 OPD procedures not performed per year, due to alternative diagnostic pathway undertaken in primary care

2.1.2.2 Stage 2 Planning Assumptions:

Covid has had a significant impact on our waiting lists and stage 2 describes the plans to actively reduce our waiting list back to its pre-Covid position. This will require us to deliver activity over and above what was factored in the first round (Stage 1) of operational planning.

FHFT has modelled the effect of various scenarios on performance, including the effect on the number of patients waiting over 52 weeks for treatment. The chart below shows expected patients 52 weeks+ where patients are booked for treatment in order of clinical priority. This modelling shows scenario 1 where activity continues at 100% of pre-pandemic levels (where the waiting list was growing), scenario 2 where additional activity is put in place in H2 to restore the total waiting list to pre-pandemic size by April 2022, and scenario 3 where further additional activity is put in place in H2. Currently plans are in progress to achieve activity levels in H2 to achieve scenario 2 as a minimum with options to meet scenario 3 levels under discussion.

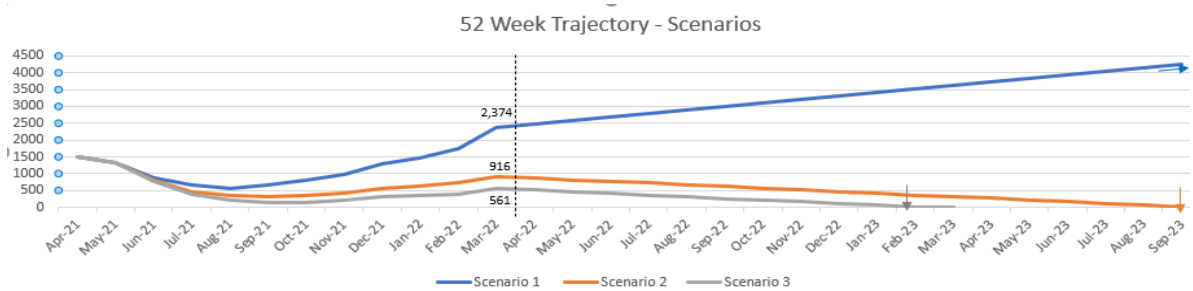

Figure 5: 52 Week Trajectory - Scenarios

This waiting list size reduction is based on bringing the current waiting list to pre-Covid levels. This equates to a reduction target of 7966 pieces of activity and a further 1500 to bring our 52-week trajectory down to the value 916 waiting over 52wks by March 2022 (scenario 2 above). The plan was apportioned to specialty and directorate by proportionate size of waiting list (see Table 3 below).

Table 3: Waiting List Apportioned to Directorate

Directorate	Sum of Total WL	%	Required Clearance
Allied Health	534		
General Surgery	10593	22.55%	1797
Medicine	12839	27.34%	2178
Paeds Mat & Gynae	4367	9.30%	741
Radiology	5	0.01%	1
Specialist Surgery	8147	17.35%	1382
T&O&Plastics	9270	19.74%	1572
Theatre Anaesthetics& Pain	1211	2.58%	205
Grand Total	**46966**		

Using an agreed methodology, a detailed plan by Directorate has been developed to deliver this additional activity. The plan also includes the resources required and the financial implications.

Further details of how this will be delivered are described throughout the Operational Plan, with a particular focus on reducing the waiting list and those waiting over 52 weeks in our strategic ambition 'Transforming our Services'.

2.2. Key Transformational / Innovation Enabling Programmes

Few trusts have the fantastic opportunities we have over the next 1 -2 years and beyond. The table below highlights the current key enabling transformation programmes and other key workstreams. These are critical to the delivery of our overall strategy and demonstrate the Trusts commitment to investment and new technology to support Continuous Improvement and efficiency. As well as the enabling programmes, the Trust seeks to incorporate the learning from Covid into sustained future ways of working.

Our Frimley Excellence programme provides a new approach to promoting a culture of Continuous Improvement and efficiency. The programme will build the capability to deliver and manage change as well as support the transformation and improvement agenda. All of the transformational programmes described in the table below follow the Frimley Excellence framework.

Table 4: Current transformational / innovation priority areas

Programme	Purpose & Plan	Timeframe
Heatherwood Hospital Development	One of the most significant components of our strategy is the development of our fantastic new £99m Heatherwood Hospital. The construction, which will replace numerous ageing hospital buildings at the Ascot site, will be a centre of excellence for elective surgery, with six state-of-the-art operating theatres with 42 inpatient beds and 22 day-case cubicles, along with extensive outpatient and diagnostic services and associated facilities. In H2, our construction partners Kier will hand over the building to the Trust for fitting out and shortly after we expect to see our first patients. Over the next decade we expect patient numbers at Heatherwood to double from existing levels, and the range and quality of services on offer to grow in line with future demand. We believe this state-of-the-art facility will be the best centre for planned care in the country.	Opening in H2
Digital strategy	Multiple legacy aged end of life systems and infrastructure - need modernising and consolidating to serve 'One Frimley Health' as described in more detail in the 'Advancing our Digital Capability' Strategic Ambition (section 3.6).	2019-2022
Epic EPR 	To provide modern clinical systems and processes with clinically rich data available anywhere anytime as described in more detail in the 'Advancing our Digital Capability' Strategic Ambition (section 3.6).	Go live March 2022
Virtual consultation and remote care	We seek to maximise technological advancements to optimise patient care. This includes increasing our offering of virtual consultations as part of the outpatient transformation programme and seeking further opportunities to offer remote care. This is described in more detail in the 'Collaborating with our Partners' and 'Advancing our Digital Capability' Strategic Ambition (section 3.3 and 3.6).	Commencing now as part of Covid recovery plan
Community Services	To provide integrated services across South FHFT secondary and community care including supporting care at home as described in more detail in the 'Collaborating with our partners' Strategic Ambition (section 3.3).	Pilot commenced May 2021.

Innovation & Technology	**Artificial Intelligence (AI) -** undertaking a number of initiatives to incorporate artificial intelligence into our practice to become a leading NHS centre of innovation for AI implementation and evaluation. **Robotics –** Following the introduction of our Versius robot, we will continue to expand our use of the robot to ensure improved outcomes to our patients as well as developing as a centre of excellence. Described in more detail in the 'Advancing our Digital Capability' Strategic Ambition (section 3.6).	Multiple AI projects underway, more in the pipeline Versius surgical robot in use
Covid Recovery plans	To ensure that the learning from Covid is captured and sustained/ incorporated into future ways of working. During 2021/22 we will continue to capture the opportunities that our workforce initiated while ensuring the ongoing physical and mental wellbeing of our people. With the aim of restoring our services in a more efficient way to meet a new agile future state.	Underway with delivery plans in place
Magnet4Europe®	This is a National programme which redesigns healthcare work environments by promoting mental health & wellbeing of staff, enhancing productivity and improving patient outcomes. This is described in more detail in the 'Improving Quality for patient' and 'Supporting our People' Strategic Ambition (section 3.1 and 3.2)	Started in April 2021, with initial action plan & nurse strategy by Sept 2021
Frimley Excellence Programme	As described above, this is our overarching culture and methodology for developing a new approach to promoting Continuous Improvement and efficiency.	Ongoing

3. Six Strategic Ambitions – Operational Plans for 2021/22

Improving quality for patients

3.1. Strategic Ambition 'Improving quality for patients'

Our strategic ambition of 'Improving quality for patients' has a 5-year objective 'to be in the top 10 trusts for safety and patient experience.' To reach this objective, we have four strategic objectives for 2021-22, supported and aligned to our key quality priorities. These are described in more detail below.

To support delivering these objectives we will adopt Continuous Improvement (CI) methodology throughout our programmes, this will be supported by our Trust-wide Frimley Excellence Programme which is described in more detail in section 2.2 above.

Our ongoing commitment to both national clinical audit and reviews of national confidential enquiries supports continuous improvement in providing the best treatment and care for our patients. The oversight and implementation of these evidence-based standards are key to optimising patient outcomes and in providing assurance around the quality of treatment and care we deliver. We will continue with our ambition to reach the upper quartile in terms of nationally benchmarked audit performance, in conjunction with our review and implementation of recommendations from the Getting it Right First Time (GIRFT) programmes.

Improving our recruitment and retention of our nursing workforce is also a key enabler and area of focus for us. We were delighted to be offered the opportunity to participate in the three-year Magnet4Europe Research and Development Programme led by Southampton University Hospital. The Magnet® Accreditation Programme is a globally recognised international gold standard for nursing excellence and outstanding patient care. Evidence shows that Magnet® accredited hospitals can attract and retain nurses through improving the workplace environment and health and wellbeing of staff via a framework of interventions. The programme commenced towards the end of this year and we are delighted to have been twinned with the team from the Cleveland Clinic, Ohio in the United States as our supporting partner.

3.1.1	**Strategic Objective 1 (& Quality Priority 1):** Reduce the total number of inpatient falls by 40% by March 2022, from 2019/20 outturn

During 2020/21 the Frimley Excellence team have trained and coached our clinical teams involved in the falls improvement work in QI methodology. Using this methodology, seven Continuous Improvement workstreams have been developed to implement countermeasures in a staged approach. These will be initiated in 2021/22 including the following actions:

1. Intentional Rounding (IR) – Trial and ongoing audit of new nursing tool for IR of high-risk patients, trial of visual management of lying and standing BP and subsequent audit.
2. Education - Exploration and development of education tools for best practice
3. Clinical assessment - Process mapping in progress
4. Medication – Audit completed regarding the impact of polypharmacy on falls, development of falls page on Trust drug chart. Poster campaign and teaching for staff programme launch.
5. Staffing – Ongoing evaluation of the impact of staffing on falls numbers
6. Equipment – Coordination of falls prevention equipment, explore task focus options to maintain the equipment.
7. Cognitive impairment – Liaison with dementia team to support understanding, staffing and enhanced care support.

3.1.2	**Strategic Objective 2 (& Quality Priority 2**): Reduce the number of serious incidents relating to the suboptimal care of the deteriorating patient by 25% by March '22, from 19/20 outturn.

Recognition, response, and treatment of patients who deteriorate is essential to reducing harm optimising patient outcomes and improving quality. Despite improvements in 2020/21 we are committed to continuing our efforts with this priority. This process will be measured through Serious Incident Rates for suboptimal care of the deteriorating patient, audit of compliance with NEWs standards, and the national cardiac arrest audit performance.

There will be three Continuous Improvement workstreams within the Quality improvement capability which will delivered in 2021/22:

- Strengthen Hospital at night, site, and staffing
- Improved escalation of blood results from lab to action
- Continue NEWS scoring and escalation

In parallel to these workstreams, we will continue to roll out our Human Factors training. This is in response to our thematic review of serious incidents and staff feedback in 2020/21.

3.1.3	**Strategic Objective 3 (& Quality Priority 3):** Reduce the number of hospital-acquired infection rates (including hospital onset Ecoli rates), placing the Trust within the national 3rd Quartile as a minimum. Measured through MRSA and MSSA and Ecoli bacteraemia rate and Clostridium difficile Infection rates.

We are committed to meeting this objective and ensuring our patients are cared for in an environment that optimises their recovery and reduces the risk of hospital acquired infection rates through delivery of evidence-based practice.

Key actions for 2021/22 include:
Continue to focus on a reduction in antimicrobials, ensuring a minimum of 90% appropriate use (in accordance with evidence based clinical guidelines).
Focus on improving hand hygiene, demonstrating consistent audit results of above 90% compliance
Continue to focus on reducing use of invasive devices, including urinary catheters and peripheral cannulas
Ensure patients are cared for in the correct clinical area reducing the number of non-clinical bed moves

3.1.4.	**Strategic Objective 4 (& Quality Priority 4): Improve patient experience in relation to discharge from hospital** (& be in the Top 10 for patient experience for post discharge support). Measured by responses within the local and national inpatient surveys and by monitoring clinical incidents relating to discharge medications (see further details below).

This objective was partially achieved in 2020/21 through a successful roll out of discharge packs and a post discharge survey and support service. However, we recognise further work is required to improve patients experience of discharge.

Nationally, we want to be in the top 10 of trusts for our quality of care around discharge support in the National patient survey. Our focus will be on involving our patients and families in discharge

planning and our ambition is to see a 10% improvement in the three questions below within both our local and national inpatient survey results:

1. To what extent did staff involve you in decisions about you leaving hospital?
2. Were you given enough notice about when you were going to leave hospital?
3. To what extent did hospital staff take your family or home situation into account when planning for you to leave hospital?

From our local patient survey carried out post discharge in 2020/21 and medicines safety incident reporting profiles we have also identified that we need to work with our patients to ensure they are involved in decisions around their medications to optimise their outcomes.

To achieve this, we will be locally focusing on patient's medication advice and information on discharge. Progress will continue to be measured through our local post-discharge patient survey, looking at the two indicators below with a view to a 5% improvement from 2020/21 results:

1. % of patients who agree they were given an explanation of how to take the medicine
2. % patients who report they were given clear written or printed information about their medicines?

In addition, we will be monitoring the number of reported clinical incidents relating to discharge medication.

Key actions to meet this objective in 2021/22 include:
• A trust wide review, planning and implementation of NICE guidance recommendations on shared decision making (NG197) published in June 2021.
• Collaborative working with partners across the Integrated Care System to focus on medicines optimisation.
• Working with our frontline clinical teams to use our Frimley Excellence Continuous Improvement methodology and capability to drive practice change.

3.1.5 Quality priority 5: All women are offered a continuity of carer pathway by 2023. Measured by the total number of women booked onto a Continuity of Carer pathway and the number of women from a BAME background booked onto a Continuity of Carer pathway.

This was partially achieved in 2020/21 and we remain committed to progressing the existing pathways and securing the right resources to deliver this ambition. Continuity of carer pathways positively impact upon clinical outcomes and experience for women.

Key actions for 2021/22 include:
• Progression of recruitment and retention plans to meet the recommendations of BirthRate plus
• Participation in the external CoC training programme for midwives which had been delayed due to Covid
• Further develop the Telephone Triage project to improve the advice to women contacting our maternity service
• Move towards a geographical model for continuity of carer pathways to provide a consistent service to all women

3.1.6	**Quality priority 6**: **Reduce the incidence of avoidable pressure ulcers in our inpatient settings.** Measured by the total number of pressure ulcers and the total number of avoidable pressure ulcers.

Pressure ulcers can cause significant pain and distress for patients and can contribute to longer stays in hospital, increasing the risk of complications, including infection. We intend to use our continuous quality improvement methodology to support a reduction.

Key actions for 2021/22 include:
• Implementation of the new governance process for the Fundamental and Better Care (FAB) initiative
• Commencement of the Frimley Excellence Continuous Improvement workstream on pressure ulcer prevention in September 2021

3.1.7	**Another key quality focus for 2021/22 is in response to the national Maternity reviews and recommendations.**

As a Trust we are aiming to ensure clinical maternity safety statistics are in line with national and regional comparators. This is aligned with the national agenda including:

- **CNST & 'Saving babies lives' requirements** - during 2021/22 FHFT will be showing compliance with CNST requirements and 'Saving Babies Lives' national guidance.

- **The Ockenden Review** – in December the Ockenden review detailed essential actions to be completed. During 2021/22 the Trust will submit evidence of compliance. This work includes the development and delivery of action plans during 2021/22. As part of the review, the Birth rate plus review identified any gaps with our birth rate ratio to workforce. Working with our partners, including the Local Midwifery System (LMS) and national groups and funding streams we will recruit to these posts which will be a significant focus in 2021/22. Alongside this workstream is a review of community midwifery estates. With our system partners we are looking to create a midwife hub at each place. This is also another example of where we are collaborating with our partners to optimise the quality of patient care.

3.18. The 'Improving Quality of Care for patients' Governance Structures:
Our overarching progress against these priorities will be monitored through our Strategy Implementation Group (SIG) and Care Governance Committee on a quarterly basis as a minimum. Progress of individual quality priorities is driven through several local committees or clinical forums by the senior responsible officer appointed to each priority to ensure frontline engagement and accountability. Examples of these are:

- Patient safety committee
- Infection Prevention and Control Working Group
- Local Maternity System
- Patient Experience and Involvement Group

Supporting our people

3.2. Strategic Ambition 'Supporting Our People'

The pandemic has underlined how important our people are to the NHS and the community and their wellbeing and development is fundamental to our success. We recognise the burden that the pandemic has had on our people in terms of exhaustion, stress and anxiety. Consequently, we need to make sure we are doing all that we can to learn lessons from the past year and ensure our people plan has a significant focus on supporting the health and wellbeing of our people to help them recover and feel supported, empowered and ready for future challenges.

Our strategic ambition 'Supporting Our People' has a 5-year objective, *'To be in the top 10 best trusts to work for in the NHS.*' We set three 2-year objectives in 2020/21 which will support our 5-year strategic ambition. This section sets out this year's specific actions under each of the objectives for 2021/22. This is fully aligned with the Frimley Health and Care ICS People Plan and the Frimley health and Care ICS strategic ambitions as well as the NHS People Plan which is structured around Looking after Our People; Belonging in the NHS; New Ways of Working and Delivering Care and Growing for the Future.

3.2.1 Objective 1: Be the best place to work locally. Measured by improved responses on specific staff survey question and a reduction in vacancy rate:

As described above, this year's plans require a significant focus on continuing to develop and improve health and wellbeing support for our people. Measuring our success in meeting this objective will include a question within our staff survey asking staff whether the Trust is taking positive action on their health and wellbeing.

Key Actions for 2021/22 include:
• Implementation of Trust's People Recovery Plan provides a comprehensive response to the workforce challenges we face and aligns to the focus outlined in the NHSEI Planning guidance, in particular providing a psychologically protective environment in which leaders ensure staff take annual leave and rest breaks to support recovery, that individuals have health and well-being conversations and plans in place and having access to psychological support as needed
• During 2020/21, the Trust developed a range of innovative schemes to support staff during the pandemic. Many of these are now established as a core offer, offering preventative and crisis measures to support staff and include consideration of the office and clinical environments in which staff work. For 2021/22 further work includes: ○ Bespoke well-being support within areas in line with the needs of teams, following on from the success of well-being drop-ins during 2020/21 ○ Launch of Well-Being Compendium to raise awareness of health and well-being resources ○ Delivery of the monthly 2-day Mental Health First Aid (MHFA) course using recently trained in-house MHFA instructors as well as specific Mental Health Knowledge training for leaders as part of the Trust's new Management Essentials programme ○ Following on from the launch of the Schwartz rounds to help staff reflect on experiences, the Trust is setting up steering group and organising training for new facilitators from diverse backgrounds

• **Magnet4Europe®** - This research and development study was developed in the USA and is now globally recognised. Magnet aims to create a positive work environment, improve patient care, staff wellbeing and recruitment and retention for our people. The study will examine how workplace redesign and interventions can positively impact the health and wellbeing of our teams. Over the first half of this year the Magnet4Europe research programme will focus on registered nurses and doctors to gather a baseline of their health and wellbeing in the current environment and then start to. co-design with them the interventions that will improvement aspects of staff engagement, evidence-based practice and innovation (see also section 3.1).
• Participate as a pilot site with other Frimley Health and Care ICS partners for implementation of the new **NHS Violence Prevention and Reduction Standard.** This includes quantifying the extent of the problem across the system and targeting areas of most need first and designing a full system roll out.
• Set up an internal stakeholder group to engage Frimley Health staff and managers on violence and aggression experiences and set up relevant workstreams to design and implement improvements. Act as the local infrastructure to support roll out of the System pilot.
• Implement Year 1 of NHS Staff Survey (NSS20) corporate action plan including actions on inclusive decision making, being heard, team-based working and bullying and harassment
• Implement a business case for a staff engagement application that includes a monthly pulse survey, enabling the Trust to identify improvements and need for further action on a more regular basis
• There is also continued partnership with the two **Mental Health Resilience Hubs.** These have successfully promoted mental health and wellbeing to staff across health and social care, enabling consistent, seamless and rapid access to wellbeing support and specialist mental health care for all our staff. There is a particular continued focus on high-risk groups and inclusion (e.g., Critical Care and minority ethnic group staff) and over the coming six to 12 months the Hub's offer is being developed further in response to need. In addition, members of the Hub teams have been working with our Wellbeing Leads to offer further emotional support to critical care staff.

Reducing Our Vacancy Rate is another metric which we will closely monitor to support this objective and enable us to grow a workforce fit for the future.

Key actions to reduce our vacancy rate for 2021/22 include:
• Continue proactive recruitment of HCA roles, developing a talent pool of those ready to be recruited as soon as vacancies arise to reach as close to zero vacancies as possible
• Accelerate international nurse recruitment to approximately 24 nurses per month, with an aim of reducing nurse vacancies to 6% by end March 2022.
• Following development of workforce plans, work with Frimley Health service leads to implement recruitment plans to support the opening of new Heatherwood Hospital, the establishment will increase in line with these plans (circa 170 wte) and also for Heathlands which will require additional recruitment activity.
• To design and implement an effective Epic training strategy for "go live" and beyond, enabling a minimum of 10,000 existing staff to be trained between January and March 2022 and a plan in place for new staff
• As part of the system's Widening Access and Participation Group, work collaboratively with partners on opportunities to attract and retain talent in the health and care workforces through apprenticeships and other career development. This builds on the Trust's portfolio which includes a range of apprenticeships, links with schools and colleges to provide careers advice and events, "Career Centre" https://www.frimleyhealthcareercentre.org.uk/ soon to be connected to the ICS and work experience opportunities. In partnership with the ICS, plans

include functional skills support to build skills in maths and English that enable individuals to gain qualifications and an English Conversation Club for people whose first language in not English.
• As part of Frimley Health and Care ICS and Buckinghamshire, Oxfordshire and West Berkshire (BOB) ICS, FHFT have also committed to become part of a national pilot of early adopters, aligning the development of a BOB and Frimley Health and Care ICS collaborative bank with the implementation of Digital Passports for temporary staff. This will initially be for nursing and AHPs, with a predicted total saving of £8m after 2 years for both systems.

3.2.2. Objective 2: Improve Leadership culture to make the most of our talents and potential of our diverse workforce. This will be measured through the Improvement in the 'inclusion decision-making' score question within the staff survey.

Key actions for 2021/22 include:
• Implementation of Management and Leadership competencies including linking all leadership roles to competency levels
• Launch of 'Management Essentials' programme to support development of management and leadership competencies
• Senior Leaders Programme design completed, delegates identified from succession planning work with Theatres, Anaesthetics and Critical Care directorate for pilot programme commencing May 2021
• Following testing last year, succession planning to be rolled out for all critical posts at directorate tier 2 and 3 levels, with further opportunities for senior leadership programmes currently being piloted with Theatres, Anaesthetics and Critical Care
• Chiefs of Service Leadership programme recast following review of NSS20 and People Recovery - due to recommence 10th June 2021.
• Undertake the Magnet4Europe research gap analysis to understand synergy between leadership development, Continuous Improvement and Magnet.
• As described in objective 1, we will also, implement the NSS 2020, year 1 action plan relating to inclusive decision-making and being heard

3.2.3 Objective 3: Publish progress against the Model Employer goals to ensure that the workforce leadership is representative of the overall ethnic minority workforce (Embracing & developing the talent of our diverse workforce). Measured by the number of ethnic minority staff in 8d and VSM roles.

We seek to increase inclusiveness and belonging particularly around equality.

Key actions for 2021/22 include:
• Implementation of refreshed Equality, Diversity & Inclusion (EDI) strategy, objectives and priorities incorporating 6 national EDI actions and system EDI plan
• Update our Trust recruitment guidance to ensure inclusive practices, linking with ICS on sharing good practice
• Develop social media guidance on attraction to ensure diversity
• Ensure that all recruiters have received mandatory recruitment and selection training or have had a refresher on inclusive recruitment
• Work with "Diversity by Design" on reviewing and changing the recruitment process for key senior roles – to be piloted for the Director of Strategy post.
• Review of the "Equality Champion" role and consideration of the introduction at FHFT.

• Review the use of talent pool options on Trac and how this can be used to support staff promotion including for BME staff and how to implement this within the Trust.
• Undertake a range of other measures to identify, support and build a talent pipeline at more junior levels including reverse mentoring and a stepping up programme.

3.2.4. 'Supporting our People' governance structures

This strategic ambition is overseen by the Human Resources (HR) team. The governance structure in HR includes weekly senior HR and OD Team meetings and monthly wider leadership HR and OD Team meetings. There is an Operational People Committee that meets every 2 months and the People Committee which meets quarterly with any challenges and strategic risks reported through to the Strategic Implementation Group (SIG) & Senior Leadership Committee (SLC).

There is also a workforce assurance framework connected to the elective recovery plan whereby the Trust has defined critical staff groups against the elective recovery plans. These staff groups are then reviewed and monitored in much greater detail and any issues are acted on such as recruitment, retention, and sickness etc. This continues to be reported to the ICS monthly.

Collaborating with our partners

3.3. Strategic Ambition 'Collaborating with our partners'

We recognise the importance of collaborating with our partners to provide care in the right place at the right time, first time which ensures we optimise care and maximise our resources. The strategic ambition of 'Collaborating with our partners' sets out three main objectives to reduce the demand for hospital-based care by working collaboratively with our partners. These are described in more detail within this section.

3.3.1. Objective 1: Manage demand for urgent care services by transforming access to and provision of urgent and emergency care. Ensuring patients receive healthcare in the most appropriate setting by breaking the culture of defaulting to ED (measured by % of self-presenters that attend without prior healthcare contact e.g., GP/NHS111).

We are continuing to experience unprecedented levels of ED attendances. On average, we admit approximately 25% of these ED attendances indicating that patients could have avoided an ED attendance and demonstrates the potential to meet this objective with stronger collaboration with our partners to signpost patients to more appropriate settings.

This objective is aligned with the ICS's aim to mitigate further growth in demand through improvements in access to Primary Care and Community alternative urgent care services with a strong focus on balancing providing support to those who most need it and redirecting or reassuring those whose health needs can be more easily met in primary care / community settings or through self-care.

At the start of 2021, FHFT refreshed their urgent and emergency care programme. A project charter was developed and agreed with the overarching objective to develop, *'One Frimley urgent and emergency care model, delivering top quartile performance and safe, high-quality patient care.*' The diagram 1 below shows the programme's main workstreams which feed into the Trust's urgent care board.

The programme's key deliverables for 2021/22 will include seeking to maximise the opportunity to develop a single common offer across the two sites, with clear and comprehensive patient pathways. In doing so, to agree common entry, deflection and progression pathways which maximise 111, SDEC (including AECU and SAU) and frailty services. This will all avoid any inappropriate entry into ED. The team also plans to agree SDEC and emergency care professional standards and a key performance indictors dashboard to visualise measurables in real time. The group will also ensure processes and practices are embedded in business as usual (BAU) with the overarching deliverable of being within the top quartile for performance in 2021/22.

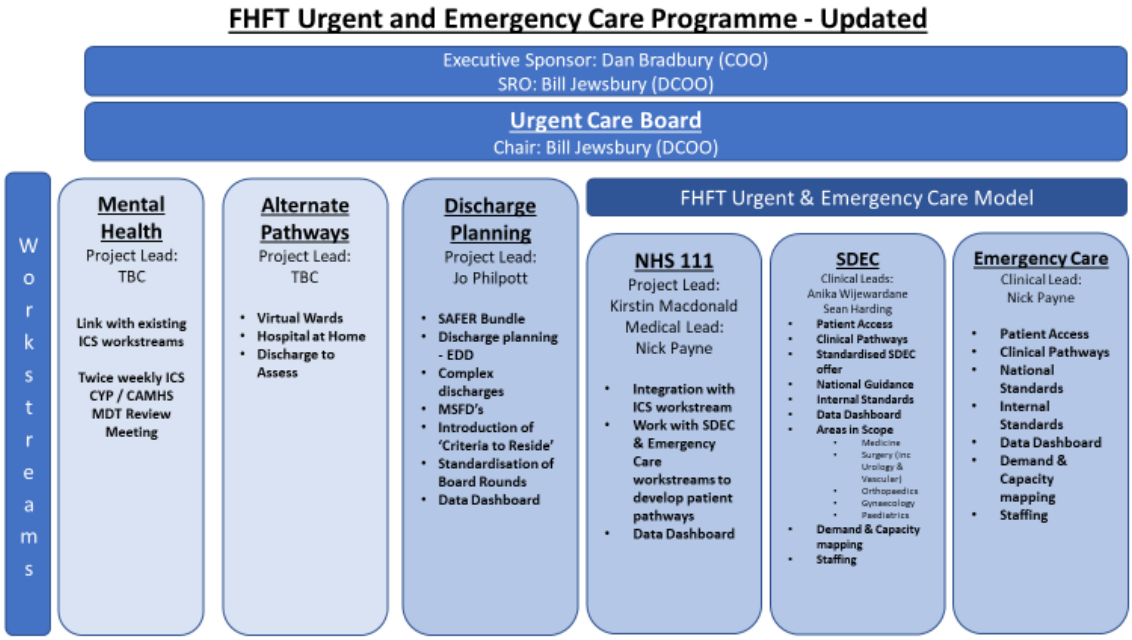

Figure 6 – FHFT Urgent & Emergency Care Programme

3.3.2. NHS111 Programme

All workstreams described above require us to effectively collaborate with our partner through our system's urgent and emergency care governance structures. One of our main collaborative workstreams is the NHS111 ICS change programme. One of the key metrics of the programme is to reduce the number of patients that attend ED without having sought clinical advice/referral, in-line with NHS111 'Talk before you Walk'.

Our 111 group are following the NHS England regional Urgent & Emergency Care priorities framework and timelines. We are aiming to achieve the target that 75% of patients triaged by the 111 CAS are diverted away from ED, such that no more than 25% of patients revalidated within the CAS are referred on to ED.

During 2021/22, NHS111 needs to be promoted as the primary route, optimising its benefits for both patients and in managing demand. Key actions to achieve this include:
• Continuing to offer and expand appointment slots for all ages access 24/7, to enable at least 70% of referral activity to ED from NHS 111 CAS to be booked into an appointment slot
• Strengthening current SDEC pathways and provision within medicine, Surgery, Gynae / Early Pregnancy Unit and Paediatrics and explore SDEC expansion into other specialities e.g., Ophthalmology.
• Developing clinician to clinician referral from 111 CAS into Acute Trust SDEC and review direct booking from Primary Care into the Minor Injuries pathway (Community SDEC)
• Implementing Pathways and Clinical Consultation Support (PaCCS) to improve monitoring of SDEC referrals.
• Expansion of the directly bookable appointments from 111 Minor injuries pathway with clinicians 'pulling' appropriate cases from the CAS queue for management within the minor injuries (MI) pathway (Community SDEC)
• Consider utilisation of the front door redirection streaming tool in 111 booths on Frimley Park and Wexham Park sites – subject to appropriate capacity

• Consider direct booking from the Emergency Department into primary care and community services (NB. this is separate from the implementation of the ED streaming tool) – subject to appropriate capacity.
• Consider direct booking from primary care into ED
• Development of a SCAS-wide dashboard to compare disposition management across the footprint in support of implementation of best practice to reduce ED referrals.
• Support the development of a Place based model that will deliver a PCN led same day minor illness and injury access 8am to 8pm for the local populations. This new model will be in place for April 2022.
• Expand 2-hour urgent community response (see Objective 3 below) and community SDEC accessible via 111, including: Minor injury pathway; Dedicated paediatric clinic; Minor illness and febrile patient management including home visiting where clinically appropriate
• Expand Community based frailty services and direct access to urgent mental health services

3.3.3 Communication & Engagement

It is fundamental that we support our CCG and ICS partners in a coordinated intense communication campaign called, "Know Where to go" supporting our patients, staff and key stakeholders in knowing how and when to access care including an overall understanding of the role and function of 111, which is nuanced to support our diverse local population.

We have also significantly improved information and support to our referring primary care clinicians - providing clear information on how to access routine and urgent advice and guidance services and our SDEC services. We are also supporting the development of a 'Healthier Together' programme to support self-care for minor ailments and illness in Children and Young People, in addition to expanding the paediatric 'hot' pathway at Frimley Park to match provision at Wexham Park. These enhancements support patients to manage their conditions appropriately in the community, in addition to providing enhanced clinical expertise for professionals managing them without recourse to ED attendance.

3.3.4 Collaborating with our Partners - Risks and Mitigations

- There is a risk that education & communication does not achieve the required change in public behaviour to 'talk before you walk.' Mitigation – our system communications partners supporting with communication campaigns.
- NHS 111 CAS does not achieve the 'expected' level of redirection away from ED. Mitigation - ongoing review of 'inappropriate' referrals to ED as shared learning.
- The pre-Covid primary care model has changed, especially face to face 'live' GP consultations. Current Infection control guidance for Primary Care limits ability for face to face GP appointments, largely dependent on physical layout of surgeries.
- There is a risk that patient demand has changed as well as healthcare delivery models around ED, leading to services being overwhelmed and the system unable to channel demand away from ED appropriately. Mitigation - this is being closely monitored through the ICS wide urgent and emergency governance structures.

3.3.5. Objective 2: Manage demand for planned care services - ensure that patients have access to the appropriate services referred through the appropriate routes. (Measured by the % referrals returned to primary care with a management plan and without an outpatient appointment).

3.3.5.1. Referral pathway transformation - One of the outpatient transformation workstreams is to work with our partners to transform and develop ICS-wide and trust-wide referral pathways, guidelines and referral forms/acceptance criteria. These are developed to support primary care

clinicians to signpost patients to the most appropriate setting, maximising resources and optimising patient care e.g., self-care, primary care, community services and secondary care (i.e., right care, right place, first time). They also ensure secondary care have sufficient and consistent minimal data sets within referral forms to allow effective triaging into the most appropriate appointment type (including: face to face, virtual, straight to test and returning referrals to primary care with management advice for the referring clinicians and patient).

This workstream has been supported by the Clinical Interface Committee (CIC) for the last 12 months and overseen by the ICS Elective Steering Group (ESG). So far, this team have implemented new ICS-wide pathways and standardised referral criteria and forms for eight prioritised conditions with further pathways planned to be rolled out in 2021/22. The next priority will be to embed these pathways into BAU activity. This includes supporting our ICS partners to increase DXS use in primary care (DXS is their clinical decision support tool where the referral pathways, forms and guides sit). We will also support the team in optimising access to alternative services e.g., Tier 2, primary care provision and self-care. This will allow greater signposting options for non-hospital-based services. Both will be crucial for us to influence to release the full benefits of this work programme. In parallel, we will continue to seek to strengthen the primary and secondary care interface and the connections to the quality and education agendas through more formal governance arrangements.

3.3.5.2. Total Triage & Advice & Guidance (A&G) transformation - In line with this objective, during 2021/22 we will seek to complete the roll out plan of moving all key services to a CAS/RAS eRS triage service and offer A&G in all key specialities. There are also further plans involved to strengthen the quality of the triage processes in place and further reduce unnecessary patient contacts including triangulating thematic A&G requests and inappropriate referral themes with DXS guidance and primary care education.

The outpatient programme has also worked with specialities to increase **Advice and Guidance (A&G)** services in nearly all key specialties (an 86% increase since 2020). The ICS-wide use of A&G exceeds the 12% ratio of referrals target set nationally. Some of advice & guidance (A&G) type activity is also being undertaken in RAS pathways where clinicians have agreed that this is more useful.

A 'Referrals and A&G Dashboard' was developed in 2020/21. This and is now being strengthened to include triage outcome details. This will be used as part of the pathway programme to track effectiveness, seeking to reach the objective outlined above and return 15% of referrals with a management plan rather than an appointment by April 2022.

Other outpatient transformation workstreams within the programme include increasing our virtual consultations (which sits within the 'Enabling our Digital capabilities' strategic ambition Section 3.6.4) and reducing avoidable follow up through the use of the PIFU type pathways (see Strategic Ambitions 'Transforming our services' for full details including how the Elective workstreams governance structures connected Trust and ICS teams).

3.3.6. Objective 3: Reduce Emergency Department (ED) attendances for those classed as severely frail by 25%.

On 1 April 2020, Frimley Health began a five-year contract to run community services in North East Hampshire and Surrey Heath. The service proved invaluable over the pandemic period, providing extra capacity for patients, supporting efficient discharges, delivering ambulatory care to avoid hospital admissions, and developing virtual wards and remote monitoring where care is provided at a patient's home by clinicians. Working with our partners within the ICS including with our population health management analytics team, we aim to continue to upscale remote monitoring and virtual and

outreach care with greater investment of remote monitoring platforms and solutions to develop these services. For example, further partnership work is underway with the diabetes, respiratory and cardiology primary and secondary care teams.

One of the main focusses for 2021/22 is to deliver the national 'Ageing Well' programme set out within the NHS long term plan which seeks to prevent avoidable hospital admissions and accelerate the treatment of people's care needs closer to home. The programme encompasses various workstreams including: Urgent Community Response (UCR), Anticipatory Care (AC), Enhanced Health in Care Homes, Community data and Community digital.

In recognition of the importance of this work, Frimley ICS has already established an Ageing Well Programme Board and a joint strategy. The board has a broad scope including frailty, community services expansion and digitally enabled community health and care services. This runs in parallel to the community alliance group and will report into the proposed Community Transformation Programme Board, further strengthening collaboration with our partners.

This specific FHFT strategic ambition and objective is fully aligned with the Ageing Well programmes 'Urgent community response' (UCR) workstream. This workstream seeks to provide an 8am-8pm, 7 days a week service that provides a 2-hr response by March 2022 and by April 2024 there is an ambition that all systems will operate seven days a week 24/7. There is also a requirement and an opportunity to align and co-produce with other programmes/services e.g., NHS 111, discharge to assess etc.

Since April, the Trust has worked with partners to deliver this 'Urgent Community response' target in Frimley South through a new 'Hospital at Home' pilot service. This provides 7-day acute medical care within patient's home, for frailty patients who fit agreed acceptance criteria and would otherwise need hospital admission. By providing services within the patients' own environment, it can be tailored for the specific patient and they do not have to come into a hospital setting reducing the chance of delirium and aiding recovery. This provides obvious benefits to the patient but also releases capacity and cost to the Trust. The pilot is funded until September to prove the concept. There are early positive signs of admission avoidance, despite increased numbers of attendances, the conversion rate of ED attendance for frailty patients is down. The pilot will continue to be evaluated in 2021/22.

It is recognised that working with our community partners and primary care we need to continue to provide a flexible and agile service responding to changes in demand throughout the system to ensure that patients avoid ED and are supported in the most appropriate setting. Since June 2020, we have also enhanced our community pathway moving a ward from Fleet to Farnham, also opening Runfold ward to its full capacity providing an additional 13 beds in the Frimley Park catchment and assisting with admission avoidance by promoting the step-up model to primary care partners. This is "Just the start" of an expanded vision for community services and we continue to work with BHFT, VCSL, PCNs and local authority partners to maximise the capacity and efficiency of all the community resources across the system regardless of provider, alongside the expansion facilitated by the Community Transformation Programme.

The Frailty team have worked with our partners across the system and within the system boundaries to develop location specific DXS Frailty pathway guides. During 2021/22 we will continue to promote these pathways which assist primary care clinicians in signposting patients to the most appropriate setting and avoiding inappropriate ED attendances. Working in partnership with Bracknell Forest Council and Frimley CCG we will also be opening a 20 bedded intermediate care unit within the Heathlands development in January 2022. This will provide valuable step up and step-down capacity for the Bracknell locality and enhances our collaborative working with BHFT within Berkshire.

Transforming our services

3.4. Strategic Ambition: 'Transforming our services'

Our 5-year overarching objective is *'To provide consistently excellent care as 'One Frimley Health'* with one main objective for 2021/22 described below.

3.4.1. Objective 2021/22: By March 2022 we aim to manage the waiting list back to pre-Covid performance levels monitored via a reduction in the size of the patient tracking list (PTL) and reducing the number of patients waiting over 52 weeks.

As described in the planning section (2.0), the Trust was significantly affected by Covid, particularly Wave 2 and for a sustained period. Despite this, the number of patients waiting over 52 weeks for treatment has been reducing in line with the Trusts current plan to achieve 19/20 activity levels by the end of H2 (September '21) as a minimum (referred to as 'scenario 2' in our planning section 2.121).

The Clinical Prioritisation Committee oversees the management of priority 2 patients and ensures capacity is made available where necessary to facilitate treatment within 30 days of decision to treat. The volume of patients that are priority 3 and over 90 days is now being reduced further, with the aim to returning all activity to pre-pandemic levels (including the number of patients waiting over 52 weeks) by March 2022.

To deliver the elective recovery plan and transform services fit for the future, the Trust and ICS have agreed a formal integrated governance framework. The waiting list management governance framework will continue to oversee the management of long waiting patients for both cancer and non-cancer patients. There is a networked team for leading elective care provision and transformation and delivering actions in functional and clinical workstreams described in the figure below (see details in figure 7 below). This is supplemented by the FHFT and ICS elective care steering group that oversee strategic planning, delivery and performance and supported by the ICS Clinical Interface Committee.

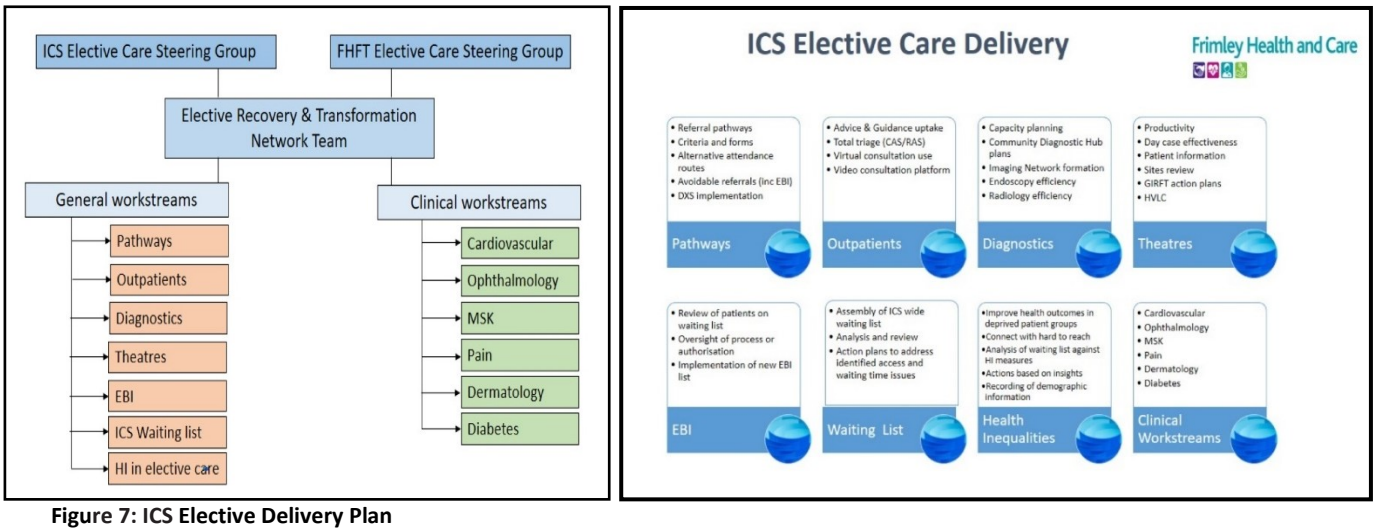

Figure 7: ICS Elective Delivery Plan

3.4.2. Theatre efficiency programme: An important pilar in reducing our waiting list is the theatre efficiency programme. This is currently being refreshed with support from the Frimley Excellence QI approach. A new clinical lead for day surgery has been appointed and will lead the workstream on improving levels of day surgery to best practice levels and enhancing patient experience. We are participating in the pathway improvement programme for High Volume Low-complexity (HVLC) operating. Clinical leads for orthopaedics, ophthalmology and ENT have been appointed and a roll out

plan is in progress. The Trust has for some time had HVLC cataract lists and will use learning from this experience to enhance efficiency more widely. Efficiency gains above previous levels will contribute to better patient and staff experience and enable the ICS to deliver a sustainable increase in activity.

Paediatric surgery delays have been a national issue. The paediatric waiting list has been reviewed and priority 2 patients are being booked within the expected time. There is a small backlog in maxillofacial and urological surgery which will be tackled over the summer when children more readily attend for treatment. Focused work continues to ensure implementation of the evidence-based interventions (EBI) programme.

Key operational plans to enable delivery of further elective activity:
• Restore theatre efficiency measures to pre-pandemic levels by end April '21 and exceed by end June '21
• Plan additional weekend surgical activity by end of April '21
• Review of current paediatric surgery services by the paediatric surgery group by end of May '21
• Review options for outsourcing and complete plan by end of May '21
• Review EBI process aiming to reduce additions to waiting list by 10% end of June '21
• Complete long waiting patient reviews by end of July '21
• Review options for incentivising staff to deliver further additional activity over summer months, taking into account staff health & wellbeing plans by end of May '21
• Manage ISP contract to deliver agreed volumes – ongoing
• Complete bed capacity review to maximise available beds for elective care by end of April '21
• Return day-case unit to day-case facility at Frimley Park Hospital by end of May '21
• Review additional requirements to support areas with ongoing throughput related capacity reductions (e.g., oral surgery, orthodontics, community dental theatre activity - ongoing
• Continue waiting list management by clinical priority order, review quality of prioritisation – ongoing
• Ensure the Data Quality group completes audit of current waiting list and oversees action plan to address deficits – End July '21
• Ensure long wait patients are reviewed as part of the prioritisation and review process- Ongoing
• Complete waiting list clinical and technical validation plan with the data quality sub-group – End July '21
• Complete waiting list analysis and actions in relation to health inequalities– Ongoing
• Implement ICS wide waiting list management and hub process
• Participate in process to complete longer term contracting for IS capacity – on initiation of programme
• Refresh demand and capacity modelling and identify and pursue any further efficiency actions – End May '21
• Plan for opening of a dedicated elective hub at new Heatherwood Hospital – H2

Transformational plans to enable delivery of further elective activity
• Increase day-case activity and day-case performance to maximise the use of available beds by end of June '21
• Continue day-case improvement programme to further improve uptake by end of July 2021
• Implement high volume low complexity (HVLC) lists in orthopaedics, ophthalmology, pain and ENT by end of July '21
• Review orthopaedic pre-assessment in order to ensure minimal/no last-minute theatre cancellations due to medical problems – September 2021
• Review GIRFT outputs and complete plan for further actions by end of June 2021

• Complete plan to implement National Pathway Improvement Programme actions in restoring primary and community MSK services to deliver at previous upper quartile levels as per timeframes published
• Complete plan to implement actions in eye care planning implementation guidance within the National Pathway Improvement Programme to deliver at previous upper quartile as per timeframes published
• Review actions required for the National Pathway Improvement Programme in cardiac to deliver at previous upper quartile once published
• Participate in regional recovery work to implement learning from other systems – ongoing.

3.4.3. Cancer performance

Throughout the waves of Covid, we have sought to continue to see and treat patients based on clinical priority meaning that cancer waiting time performance has remained relatively strong throughout including a return to achievement of the Fast Diagnostic Cancer Standards (FDS). There are challenges in some tumour sites and the cancer transformation programme will be targeting these for improvement in the next 6 months.

Key Actions for 2021/22 include:
• Weekly long waiter reviews and action plans dovetailing with the Trust-wide review of waiting list governance processes and prioritisation.
• Work with the Surrey Sussex Cancer Alliance Board (SSCA) to complete end to end pathway analysis and improvement plans developed and implemented, with focus on faster diagnostics, to meet FDS and 62 standards, targeted at those pathways that are most impacting performance.
• Work with SSCA to reduce unwarranted variation in cancer treatment by prioritising and implementing local and national recommendations from: the lung cancer clinical audit and lung cancer GIRFT report; and priority recommendations from across other cancer audits and relevant GIRFT reports, including the recent pilot ovarian cancer audit
• Implementation of personalised stratified follow up (PSFU) pathways: pathways agreed for 3, and implemented for 1, additional to existing colorectal, prostate and breast cancer.
• Maintain new practices that have been established during the pandemic, for example FIT testing as part of colorectal pathway, reducing demand on endoscopy services through pre-referral testing, targeting support to lower compliant GP practices.
• Introduction of GP referral support tool (DXS) to improve the quality of referrals, ensuring all relevant patient information is provided to secondary care with the referral thus reducing delays
• Engage with SSCA reviews of performance data with an alliance level digital data dashboard due to be developed and implemented in H1 21/22
• Ensure sufficient diagnostic capacity to address peaks in demand as referrals rise and patients agree to engage
• Continue roll out of the non-specific symptoms Rapid Diagnostic Service (RDS), also considering RDS principles that can be applied to site specific pathways
• Work with ICS diagnostics team to ensure that plans for Community Diagnostic Hubs support and meet the needs of the RDS programme and patients with suspected cancer
• Ensure sufficient treatment capacity to address shortfall particularly in breast and colorectal
• Support delivery to achieve the Faster Diagnosis Standard (FDS), set at 75% and improve towards 85% in April 2022
• Implement Lynch syndrome timed pathway; ensure compliance with NICE DG27 for colorectal cancer and DG42 for endometrial cancer as appropriate

• Continue clinical harm reviews for all those treated for cancer over 104 days, following the SSCA clinical harm and pathway delay guidance
• Work in collaboration with SSCA SACT (Systemic Anti-Cancer Therapy) working group to share best practice and develop and initiate SACT focused improvement projects.
• Implement standards of care guidance for MDTs and work with academic partner on an MDT effectiveness research and improvement project
• Continue work with Specialised Commissioning and radiotherapy providers to ensure that plans to improve access to and uptake of radiotherapy in Slough is progressed

3.4.4. Diagnostic Performance - The trust experienced significant pressure on diagnostic waits following wave 1 and to a lesser extent following wave 2. Waiting times are improving in all modalities except CT and MRI, where further action is in progress to increase capacity and improve this and support the elective pathways through recovery.

Efficiency and transformation programmes have started in radiology and endoscopy to support full restoration and implement changes to improve service quality and efficiency. We expect to return diagnostics services to pre-pandemic levels in June 2021 (including in physiological measurement services). Additional activity is being planned with the support from existing staff, and all available IS capacity has been explored. Some additional mobile radiology capacity has been contracted and the new NHS MRI and endoscopy facilities opened.

Other key actions to increase activity and reduce backlog include:
• Review paediatric sedation pathway to resume and enhance capacity – April 2021
• Review potential for additional outsourced MRI and CT capacity – May 2021
• Review options to source additional cystoscopy activity – May 2021
• Open additional MRI scanner at Wexham Park (utilising 558k capital award to part fund) – May 2021
• Go live with home reporting in radiology – July 2021
• Utilise new endoscopy capacity at Wexham Park Hospital – Ongoing
• Revise endoscopy training plan and bring forward any supporting actions – July 2021
• Progress plan to deliver some PET-CT capacity at Frimley Park Hospital – August 2021
• Initiate overseas recruitment plan for radiographers and sonographers – September 2021
• Review radiographer reporting activity and plan for further implementation – September 2021
• Review potential diagnostic equipment replacement where this could improve throughput – September 2021
• Commission and utilise further D&C modelling in collaboration with Surrey Heartlands and Sussex ICSs – September 2021
• Implement iRefer to support management of high-quality radiology requests – as per regional timelines

The transformational programme will revise and implement a new monitoring framework, as well as undertake further demand and capacity modelling for diagnostics by August 2021. The team will submit a draft submission for year 1 Community Diagnostic Hub (CDH) plans and by September there will be completed plans for year 2-5 CDH activity. The year 1 plans will include increasing diagnostic capacity on existing community sites. This includes the request to identify ISP capacity for the medium term:

- CT scanner at Aldershot Centre For Health (ACFH), machine works and staff by Q3/4
- 2 ultrasounds at St Marks and staff by Q3/4
- Staff for additional MRI by Q3/4

- Staff for 2 additional endoscopy rooms by Q2/3/4
- Echocardiography tier 2 service extension into Frimley North (Slough) by Q3/4
- Hire of the staffed CT scanner Q3/4 currently commissioned by NHSE until October located on the Spire Clare Park site.

3.4.5 Pathology services (BSPS) have managed the additional demands associated with the pandemic well and expect to be able to manage demand associated with elective (and urgent care) recovery including the requirements associated with variants of concern. The Variant of Concern (VoC) detection and genotyping testing will happen in the Lighthouse Laboratory for the network. BSPS have confidence in meeting the requested 24 hr Turnaround times (TAT) for Covid-19 testing and are able to retain the temporary workforce to support both rapid and laboratory testing.

Blood Sciences and Microbiology are a consolidated network of services which are highly automated and can therefore absorb the additional demand (anticipated between 5-8%). Orthopaedic work in Microbiology is a pinch point as this is very manual and labour intensive but will be able to be covered within the department establishment. Histopathology remains a risk as there has been a persistent 20% rise in demand at present. The service (nationally) already has challenges around the number of Consultant Histopathologist vacancies, and BSPS has a 26% vacancy rate across the network. To mitigate this there has been consolidation of services and investment in digitalisation of reporting to provide a 10-15% efficiency saving. The contract for this has recently been awarded. The service has also reconfigured MDT working so that attendance time for histopathologists is reduced.

Improvement in backlogs for patient waiting of diagnostics both on RTT pathways and planned series continues, and weekly monitoring of TATs and RTRs in in place including reviews of longest waiting results/reports. A key focus in pathology for the coming year will be on utilising opportunities associated with advancements in point of care (POC) testing.

3.4.6 Outpatient and Pathways Transformation Programme

Another important pillar in managing our waiting lists is the Outpatient and Pathways Transformation Programme. The programme has been developed with our system partners to ensure we optimise patient care and maximise resources by transforming clinical pathways and reducing unnecessary patient activities. This includes making best use of innovative technology and embedding one-stop services wherever possible. The various workstreams within the programme are shown in figure 8, all are contributing to reducing our waiting times and creating capacity.

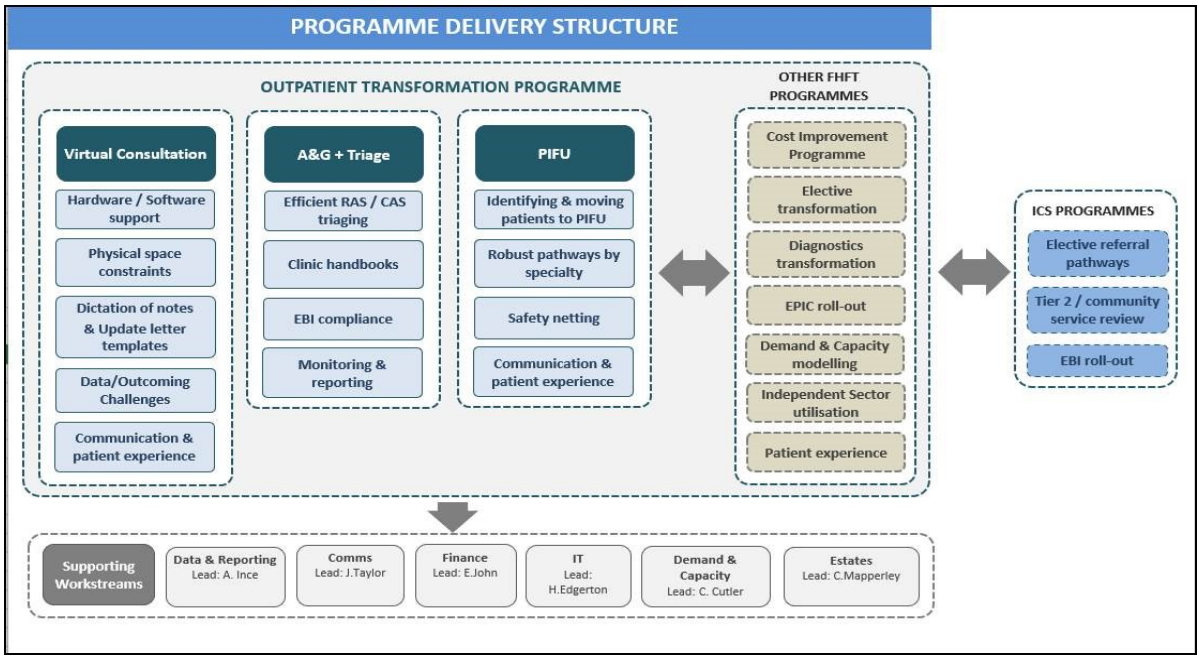

Figure 8 – Outpatient Transformation Programme – Programme Delivery Structure

Key Actions / Deliverables in 2021/22 will include:
• Reduction in non-admitted waiting list and elimination of long waiting patients and improved patient experience
• Reduction in unnecessary face to face appointments and increase our virtual consultations (described in more detail under 'Advancing our Digital Capability,' section 3.6.4).
• Reducing avoidable follow up through full implementation of patient initiated follow up (PIFU) pathways. This is already embedded in several specialties but requires improvements in monitoring activity. A further programme of work is embedding personalised follow up pathways for cancer patients in breast, urology, colorectal and lung cancer pathways.
• Streamlined electronic referral pathways to the most appropriate setting and optimised A&G and total triage offering– optimising patient care and maximising resources (described in our 'Collaborating with our partners' section 3.3 in more detail).
• Work alongside the EPR implementation programme to improve recording of key data and performance monitoring to enhance the outpatient dashboard

3.4.7. High priority outpatient transformation pathways - The system is working on whole pathway transformation for ophthalmology, MSK and dermatology (as prioritised locally). This includes work in relation to the national pathway improvement programmes. Local eye care services have been developed as a hub and spoke model with diagnostics at community level via optometrists with enhanced training, and acute trust spoke services in the community (including a mobile macular unit). This is supported by remote clinical monitoring and escalation. Planning is under way to expand this service across the north of ICS in 2021. Implementing our Epic EPR system will offer further opportunities to develop pathways such as the digital eye care services in 20201/22.

3.4.8. Transforming Our Services – Overview of Risks & Mitigations:

- Increase/surge in demand from primary care as Covid restrictions are relaxed - this is being mitigated through early identification of issues and joint working between primary and secondary care clinicians at the weekly ICS Elective Care Steering Group (ESG).

- Workforce supply is a potential risk in delivering above previous levels of activity when there remains a requirement for staff to take additional carried over leave - this is being mitigated using temporary staff, and incentives for staff wishing to use some of their carried over leave to deliver activity (see 'Supporting our people' section 3.2)
- Bed capacity and increased demand– there are plans to increase physical capacity and reduce day case overstays. There is also a capacity and flow review underway including enhanced discharge flow actions to mitigate any impact of urgent care. We are taking a whole system approach to flow with out of hospital providers being aware of the acute activity trajectories for planned and unplanned care and the requirements this will place on discharge planning and community services.
- Capacity in operating theatres due to RAAC planks remedial works – this is being mitigated through planning prospectively and some works that can safely be delayed planned for following the opening of the new Heatherwood Hospital.
- Access to independent sector providers (ISPs) to support system surgery in the event of further waves of Covid-19 affecting capacity or unable to deliver contracted activity due to surge in private patient demand – good relationships have been built with local ISPs which should allow flexibility in provision to help mitigate any possible effect.
- Patient confidence in accessing health care and medical investigations due to risk of Covid infection. With a particular concern of worsening inequalities due to certain groups being less likely to seek or access medical help – mitigated through communications campaigns for both the public and patient-facing staff roles and waiting list management governance structures.
- Patients waiting long periods experiencing morbidity/harm – this is being mitigated through an agreed clinical validation process which includes reaching out and writing to our longest waiting patients as well as regular updates on the Trust website containing estimated waiting times and regular updates to GPs on waiting times to support managing patients.
- Capacity to meet virtual working, I.T. and space – this is being mitigated by use of CCG premises and reassigning administrative space to virtual clinic pods.
- Workforce supporting clinics may be diverted to swabbing with short notice if there is a change in need – this is being mitigated through switching to the national swabbing service
- Use of two different PAS's with patients crossing sites affecting PIFU roll out – SOP in place until resolved permanently through Epic.

Making our money work

3.5. Strategic Ambition: 'Making Our Money Work'

The strategic ambition of 'Making our Money Work' has a 5-year objective to be 'in the top 10 trusts in the country for efficiency.' Within 2021/22 our two main objectives are described below.

3.5.1 Objective 1. Deliver a balanced system financial position in 21/22. Also monitored through a reduction in % of pay, agency and bank cost to: Pay cost 66.5%, Agency cost 2.6%, Bank cost 7.3% By March 2022).

This is expected to be met through managing variable pay costs as a proportion of total costs over time demonstrating most effective use of skill mix, staffing and system wide transformational change described in the earlier sections. There is also a plan to reduce high-cost agency workforce to a minimal level with a target set and monitored monthly (further details are described within the 'Supporting our People' section). Our rigorous cost control will be informed by benchmarking using GIRFT information and Model Hospital. We are seeking to improve our Model Hospital Position (Reduced WAU cost) as well as providing meaningful PLICs level information to support day to day decision-making for managers and clinicians. All spending will be reviewed in line with Model Hospital metrics. We also plan to deliver an on-going CIP that equates to 3.5% of expenditure year on year post-Covid H1 period to support the ICS financial position.

3.52. Objective 2: Secure and grow alternative income streams - Increase proportion of Research and Development (R&D) & Private Patients Income to 0.99% by March 2022.

During 2021/22 we will undertake a review of private patient income to understand the market post-Covid and set out plans to reinvigorate private patient activity including a review of the new Heatherwood hospital opportunities, along with user engagement meetings which are due to commence in Q2.

We will also pursue opportunities relating to research income and explore further partnership opportunities to create synergies or generate income including commercial income. The Research & Development team are looking at all commercial trials that are deemed as deliverable in the current NHS climate are being identified by the National Institute for Health Research (NIHR). This will help FHFT prioritise commercial work in line with NIHR guidance. All of the studies we have on our commercial portfolio are deemed feasible.

3.5.3. Revenue Plans 2021/22

Table 5 (below) shows the FHFT revenue plan for 2021/22. It only covers the first six months (H1) due to the way national planning is being delivered this year.

The financial envelope is based on quarter 3 actuals multiplied by two to give an expenditure baseline over which adjustments have been overlaid. An element of the 'lost income' envelope shortfalls in 20/21 has been included within the system envelope to enable a breakeven planned position for H1 for the Trust.

There is also an opportunity for the Trust to earn additional income from the Elective Recovery Fund (ERF), however none has been assumed in the breakeven plan for H1.

The revenue plan shows a breakeven position and includes the following key income and expenditure:

- Increased financing of £2.2m for the Epic digital programme and Heatherwood redevelopment (both coming online in 2021/22)
- CNST (insurance) £2.9m - Centrally funded in envelope
- Covid system contribution £12m (matched with cost), in addition to this the Trust will continue to get separate funding for all vaccination, testing and directly supplied PPE will continue to be centrally funded.
- £18m from ICS envelope to support Trust to breakeven (lost income).

H2 assumptions for activity and capacity are formulated but have not been modelled as yet given the financial regime is unknown. The planning assumption is that income and costs will continue on a break-even basis, in line with our strategic directive above, acknowledging Cost Improvement Plans (CIP) will need to be delivered at an accelerated rate within H2 (dealt with separately as part of the CIP planning programme).

Table 5: FHFT Revenue Plan

	£m
Deficit Q3 x 2	(14.3)
Items not in Q3 x2	14.3
Actual H2 Outturn	**(0.0)**
Non Recurrent	(17.0)
Covid NR Income	(8.4)
Budgets to 100% of baseline / Other	(7.4)
CNST	(2.9)
Increased Depreciation& PDC	(2.2)
PP Expectations	(1.5)
Vascular	(0.4)
Inflation	(1.3)
Cost Pressures and Investments	(1.6)
H1 Plan (Budgets)	**(42.7)**
CIP: Activity Recovery BAU	7.5
CIP: Recurrent baseline 0.28%	1.3
Vascular income	0.4
Other Funding:	
CNST	2.2
Balance Sheet Release	1.3
Covid	12.0
System Internal Top Up	**18.0**
2021/22 H1 Outturn	**0.0**

This has been agreed with ICS colleagues and includes assumptions made for NHSEI specialised work. There is no central 'top up' regime in 21/22 therefore the Trust must manage within its given envelope allocations i.e., a block contract.

Allocations have been uplifted by 0.78% for tariff inflation (excluding pay review bodies awards which will be funded when agreements are reached). Net uplifts will be 0.5% as the tariff increase has assumed efficiency of 0.28%.

3.5.4. Capital Plans 2021/22

The Trust's original capital plan was £92.1m, but due to national instructions this needed to be reduced to £69.8m. Due to the large capital developments, including Heatherwood redevelopment

and the installation of our Electronic Patient Record (Epic) this makes other capital funding very limited for 2021/22. See Table 6 for capital funding details.

Table 6: Capital Funding Plans

Capital Description	Plan 2021/22
Heatherwood Redevelopment	**17,733**
Heatherwood lollipop road	**510**
Heatherwood (block 40) + backlog	**790**
WP Estate	**6,252**
FPH Estate	**6,264**
Diagnostic & Inpatient Unit	**3,178**
SDEC	**681**
Digital Services	**6,000**
EPR	**14,839**
FPH - Medical Equipment	**2,150**
HWP - Medical equipment	**3,350**
FPH Estate - RAAC	**7,500**
Medical Equipment - Diagnostics	**558**
Total	69,805

3.5.5. CIP Plans 2021/22

In addition to the 0.28% national efficiency requirement for H1 (which is equivalent to £1.3m), the Trust also included £7.5m of Activity recovery savings within H1 – This is due to directorate budgets being fully funded to a pre-Covid level of activity, but actual activity expected to be a lower level within H1 – leading to non-recurrent savings.

An additional £12.5m recurrent CIP plan is being targeted for H2 through the efficiency and excellence team. Whilst the exact requirements within the future envelope remains unclear, it is expected that there will be a need for a higher level than in H1 and there will not be the non-recurrent activity-based savings planned in H1 as activity returns to a pre-Covid level – By targeting a large recurrent programme in the latter half of the financial year will also help the Trust meet 22/23 targets on a full year effect basis.

3.5.6. Financial Monitoring and Governance 2021/22

Both financial budget and CIP performance will be monitored on a monthly basis at all levels within the organisation through published monthly management accounts.

There are Directorate Performance Reviews (DPR) scheduled within the organisation throughout the year where financial and CIP performance are part of the review. These are presented by Associate Directors to the Executive Team.

There are regular monthly financial performance updates presented to the Senior Leadership Committee (SLC) as well as scrutiny from the Financial Investment Committee (FIC) which is a subset of the Board and attended by both Executive and Non-Executive Directors.

Advancing our digital capability

3.6. Strategic Ambition 'Advancing our Digital Capability'

As described within section 2.2 there are multiple Transformational enabling programmes that will support delivering the Trust's strategic objectives. Several of these programmes sit within this Strategic ambition 'Advancing our digital capability' and are described below.

The Trust has multiple legacy aged, end-of-life systems and infrastructure. Plus, there are additional challenges and complexities resulting from the duplication that has occurred through the joining of the different Frimley Health sites, all of this needs modernising and consolidating to serve 'One Frimley Health.'

Frimley EPR Epic

3.6.1. Electronic Patient Record (EPR) Programme (Epic).

One of our main enabling programmes is the implementation of our new Electronic Patient Record system (EPR) called 'Epic.' This will replace over 280 outdated and unintegrated systems currently used in the Trust and provide modern clinical systems and processes with clinically rich data available anywhere anytime. This major undertaking will improve the quality of patient care, rationalise the investment in IT, provide real-time access to patient medical histories, results and medication regardless of the hospital site and help to direct time away from record keeping and towards bedside care.

One of the key functions of our new Epic system is our patient portal called 'MyFrimleyHealth Record.' It will be the electronic patient portal at Frimley Health which allows patients to securely access and interact with parts of their health record held within the Trust's Epic electronic patient record system. Hospital information will be available to patients electronically including upcoming appointments, test results, medications, vital signs, known allergies and many more. MyFrimleyHealth Record is not compulsory for our patients, as we know not everyone will have access or be comfortable with using a digital platform. So, for instance, if a patient does not have a computer or smartphone, we will still be communicating with them using the normal methods.

As part of the benefits that the EPR implementation will bring, local trusts have also formed a partnership (Thames Valley & Surrey Care Records Partnership) that supports shared health and care records, so that we are able to connect 3.m records across our System and the wider region. These improvements will improve the seamless provision of care, improve the coordination of care across MDTs, support decision making, improve health and wellbeing of our communities, enhance our population health management capabilities (see further details within section 3.63 below).

The Epic roll-out programme is on track with a 'Go Live' date of March 2022 (see below). There is strong clinical leadership and engagement. Configuration workgroups are well established and half-way through designing the system. Data migration, testing and technical workstreams are on track as well as work programmes around interfacing with 3rd party systems.

A training strategy has been developed and the development of a training plan is underway. A Benefits and Transformation workgroup is in place with plans established for achieving key benefits that were outlined in the EPR full business case. There is also a Workforce Change group focussing on HR and OD issues as well as providing training needs oversight. And to support the visibility of the programme, communications and engagement plans are ramping up including regular clinical and operational engagement sessions, interviews with other Trust's for key learnings, staff videos and a visual identity that extends the Frimley Health brand.

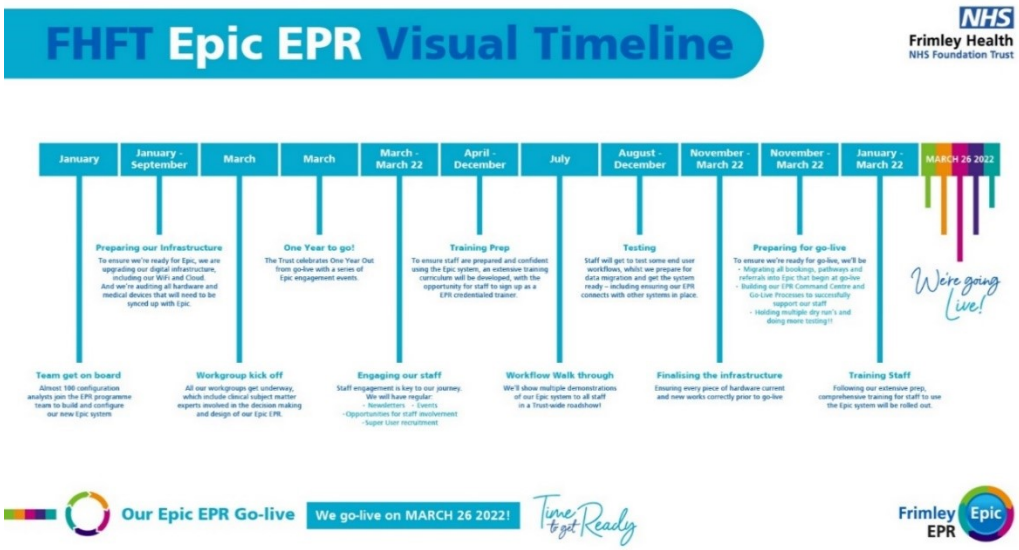

Figure 9 - EPR Programme Implementation - Phases & Deliverables

3.6.2. Artificial Intelligence & Innovation

Other supporting programmes within the 'Advancing our Digital capabilities' strategy include increasing access to Innovation including Artificial Intelligence (AI) & Robotics. Following the successful introduction of the Versius surgical robot in 2020/21, work continues with multiple other AI projects underway driving us towards our strategic ambition and the ambition of being a centre of excellence.

We have established an AI working group which provides the governance for managing all of our AI projects and partnerships. A key part of this work is developing partnerships outside of FHFT, with industry and academia, to help drive the development of innovation in healthcare.

We have a strong national collaboration and partnership with the National Consortium of Intelligent Medical Imaging (NCIMI). Some of the projects include: Imaging of CT Head Bleed / Stroke prioritisation, breast Screening mammogram reader and Chest x-ray prioritisation & reporting reader.

We are also part of an ICS AI-powered Connected Care population health management system, as well as part of an epidemiological study to characterise the disease and treatment pathway in prostate cancer. We are also part of an AI project to predict the response to intravitreal aflibercept therapy in patients with neovascular age related macular degeneration (AMD).

As well as the enabling programmes described above the Trust has set three strategic 'Advancing our Digital Capability' objectives to meet in 2021/22. This will support the 5-year goal of being in the top 10 most digitally advanced trusts in the country. The 2021/22 strategic objectives are described in more detail below.

3.6.3. Objective 1: Continued Connected Care Record development. (Measured by the number of Connected Care Records accessed per month). Improving the availability of relevant clinical information and, ultimately, resulting in improved outcomes for patients through the use of available clinical information.

The Frimley Health and Care Shared Care Record solution, Connected Care, aggregates clinical data from primary, acute, community, mental health and social care provider partners to build a comprehensive clinical insight into the medical history and needs of our population of 800,000 residents.

As well as providing critical clinical insights for clinicians in a variety of care settings Connected Care provides deep analytical insights that is the foundation for innovative population health management strategies and direct care interventions.

Connected Care is making a real difference to the quality-of-care residents receive as well as releasing time for our care professionals. Making the shared care record accessible and used as a matter of course by all care professionals is the ultimate vision of the programme.

As a Trust we will seek to increase access to and promote sustained use of the connected care record ultimately resulting in improved outcomes for patients. As shown in the graph below, FHFT access to connected care records continues to increase to the target of 14,000 by year end. During 2021/22, we will continue to engage with ward based and outpatient areas to demonstrate benefits of wider system information for patient care with particular focus on discharge teams and Therapy services initially.

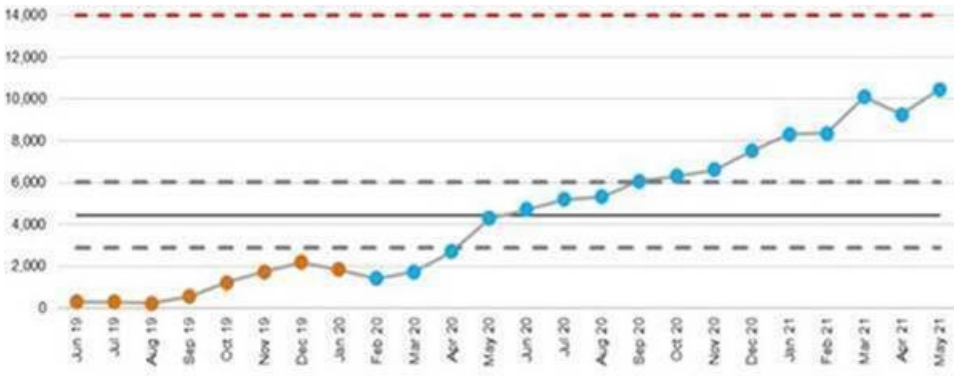

Figure 10 – Connected Care Access & Objective

3.6.4. Objective 2: Virtual Consultations - Increase the proportion of appointments that are none face-to-face in proportion with the LTP to 40% (excluding OP procedures), reducing unnecessary patient attendance and increase patient satisfaction without compromising patient safety.

A key component of this outpatient programme is to implement virtual consultation at scale. This objective straddles over both the 'advancing our digital capabilities' strategic ambition and our outpatient transformation programme which is described under the 'Transforming our services' strategic ambition.

Our outpatient transformation programme was refreshed in earlier 2021 with a virtual consultation task and finish group. The group have shown substantial progress on the use of virtual consultation

which has remained above 25% of outpatient appointments (including OPROC) when measured against outpatient activity without OPROC this is currently at 38% against a national target of 40%.

In 2021/22, we plan to relaunch the video consultation platform called 'Attend Anywhere' to increase uptake and maximise the benefit. This will be further enhanced when we implement the new EPR 'Epic' in Spring 2022 and move video consultations to Microsoft Teams. A project manager has been appointed and the regional outpatient transformation team are supporting this work.

This project is likely to be 'just the start,' we will continue to review virtual activity opportunities in other areas of the Trust including ensuring we are optimising the capabilities within Epic. We will also be working closely with our ICS partners to review further opportunities for remote care across the interface.

3.6.5. Objective 3: To improve the digital maturity of our digital infrastructure including the Roll out of WIFI and Cloud Storage.

IT Infrastructure is the backbone to advancing our digital capabilities and digital maturity. Key elements are reliant on having an updated and reliable WIFI network throughout the Trust by the end of December 2021 and moving much of the Trust IT infrastructure onto a Cloud-based setting to improve security and functionality by November 2021.

Other key IT projects include:
• The roll out of VOIP (Voice over Internet Protocol - telephony technology) which is on track to complete in October 2021.
• Replacement of 7000+ new devises which is 90% complete, to be completed by Dec '21.
• Windows 10 installation which was 90% complete in April 2021 with full completion for March 2022 (for EPIC go-live).
• Office 365 – MS Teams, Outlook, core office apps - Phase 1 is 90% complete and Phase 2 date TBC (subject to funding).

3.6.6 'Advancing our Digital Capability' Governance, Risks and Mitigations

The digital services programme and Epic have their own defined governance structures with challenges and strategic risks managed and escalated through Strategic Implementation Group (SIG) & Senior Leadership Committee (SLC) where required. The key risks and mitigations include:

- Realisation of benefits proposed. Mitigation - this is tracked via a dedicated workstream, further benefit scrutiny and delivery profiling will start from September and be monitored at the Programme board to ensure delivery remains on track with the FBC.
- Interfacing and alignment with third party contractors which includes significant testing requirements. Mitigation - tracked daily and planning revisited to ensure negative impacts on integrated testing is avoided.
- Resourcing and conflicting priorities for the Trust, particularly from January 2022 when training starts. Mitigation – EPR Programme management and SIG are working together to understand dependencies and will help to mitigate this risk and ensure good widespread organisational engagement.

3.7. Operational Plan & Delivery Governance Overview

Figure 11 below, describes the governance structure to support the deployment of our strategy and ensures that our critical programmes are on track to help us to deliver our key objectives. This is a dynamic process, and we will continue to review and improve where appropriate.

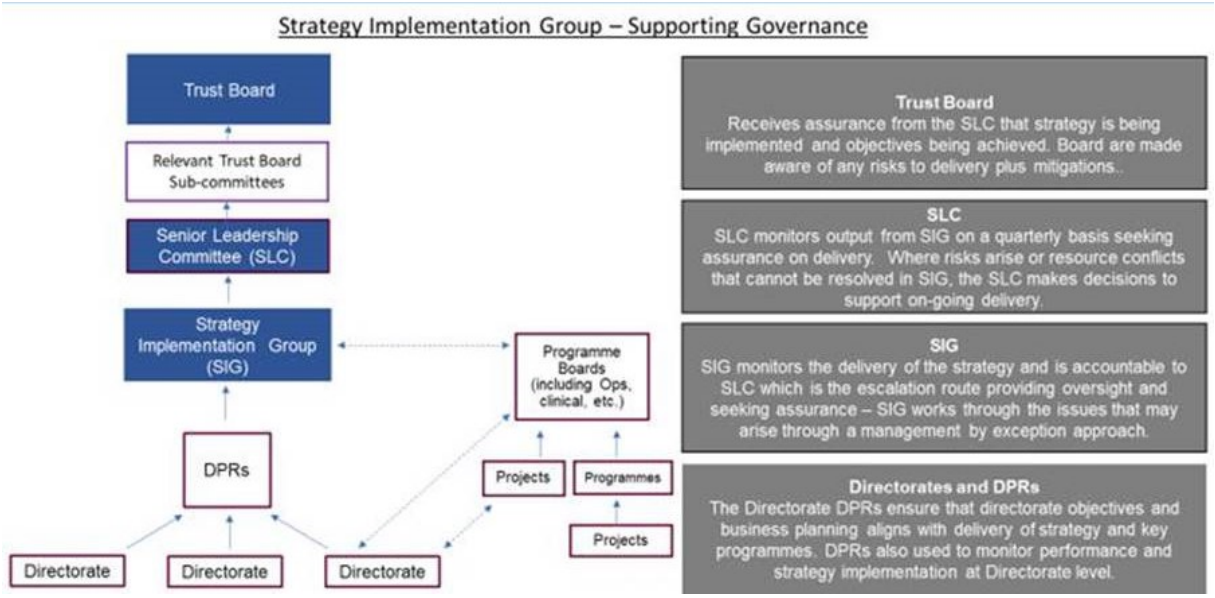

Figure 11: Strategic Objectives Governance Structure

The directorates feed into the various projects/programmes and report into their Directorate Performance Reviews (DPRs). The Strategy Implementation Group (SIG) monitors and oversees the delivery of the strategy and provides a route for escalation. SIG takes a management by exception approach and focuses on areas of non-delivery which is monitored closely by the group through SPC charts and a monthly scorecard and detailed highlight report. The group also identifies resource challenges and supports the allocation of appropriate resource and mitigation of risk.

SIG is accountable to the Senior Leadership Committee (SLC) which provides the overall oversight on the delivery of the strategy and operational management and route for escalation. SLC reports to the Trust Board for updates and assurance. The Board Assurance Framework (BAF) documentation dovetails into the reporting structure and provides overall oversight and management of any key organisational risks identified to meeting our Trust Objectives to the Trust Board.