

Our future FHFT

#FutureFHFT

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Our Future FHFT:

FHFT Operating Plan 2023-24

Draft Operating Plan as at 19.04.23

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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. There will be a continued focus on delivering our vision “to be a leader in health and wellbeing delivering exceptional services for our communities”. This is set against a backdrop of challenges including meeting new care demands, continuing to reduce our elective care waiting lists and supporting solutions for the growing demand for urgent and emergency care services. Alongside these challenges we need to continue to invest in and support our staff to allow our teams to continue to provide excellent patient experience and the best clinical outcomes.

This document will initially give a brief overview of the wider strategic context and how our plans will be fully aligned and responsive to both national and local requirements. It will then summarise key achievements made during a challenging 2022-23; achievements which will be built upon during the coming year.

The document will then outline our plans for 2023-24, giving a brief overview of the planning landscape and assumptions for the year before providing a high-level outline of our key objectives and the actions required to deliver these objectives. These objectives have been developed to ensure that we deliver our Trust’s 6 strategic ambitions which were set out within our Trust’s five-year strategy and are described in greater detail below.

1.2. Strategic Context

FHFT is not delivering its strategy in isolation and the health and care sector continues to adapt in response to the significant challenges present across the health and care sector. The context for delivering this operating plan is important to understand as it outlines the clear challenges for the year ahead. The content of our analysis tools used for the development of our 2023-24 strategic objectives; our PESTLE and SWOT, help to paint the picture of the year ahead:

- The global pandemic has had a lasting impact long after the original Covid waves tore through the NHS. This can be seen in a variety of ways such as: increased number of people retiring early across the NHS and reduced levels of efficiency due to additional infection control measures.
- Waiting lists for elective care are the highest on record with over 7m people waiting across the NHS
- The NHS is also witnessing an historic rate in vacancies with over 138,000 vacancies across the NHS. [At the time of writing, FHFT had a vacancy rate of 12.9% and a turnover rate of 15.4%. This translates into 1,440.31 vacancies in total across the Trust. Within nursing and midwifery there are 348.20 (10.5%) vacant posts and 90.18 (6.6%) vacant doctor roles].
- We have witnessed the longest and deepest financial squeeze in NHS history
- General operational pressures are significant, with a number of elements impacting flow through our acute sites
- Our system architecture has changed, with ICSs now formalised as legal entities which have considerable scope and power, including the ability to control revenue and capital spend
- Finances within our system are currently very constrained and the expectation to breakeven in 2023-24 is incredibly challenging, requiring the realisation of savings and efficiencies across the system.

With such a demanding environment it is vital that FHFT has a well-constructed operational plan to ensure delivery of the key operational targets for the year ahead.

1.2.1. Strategic Context – National and System Context

At a national level, our priorities and plans for the coming year continue to be aligned with delivering the aims set out in the [NHS Long Term Plan](#) (2019) and within this year’s NHSE 2023/2024 priorities and operational planning guidance (January, 2023). The planning guidance includes a range of operational targets for providers and systems.

These targets are fewer compared to previous years and more focused. They are designed to support the delivery of the three key tasks for the coming year which are to:

- To recover our core services and productivity;
- To make progress in delivering the key ambitions in the Long-Term Plan (LTP) as we work towards recovery, and;
- To continue transforming the NHS for the future.

Recognising the establishment of Integrated Care Boards (ICBs) as statutory organisations, operational planning in 2023-24 is very much developed at a system level. FHFT forms an integral part of the NHS Frimley system and is a core member of the NHS Frimley ICB. NHS Frimley is a high performing system with 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 NHS Frimley. The planning guidance clearly states that ICBs need to work with their system partners to develop operational plans to deliver the key priorities for 2023-24. Our plans for 2023-24 reinforces our Trust and ICBs ethos and commitment to embed integration into the architecture to address the drawbacks of existing frameworks and to commit to addressing health inequalities whilst maintaining financial balance.

Our Executive team and key leaders will continue to work with partners within the ICB to support the delivery of our strategy across the NHS Frimley system. As a system we will collaboratively submit an annual ICS Operational Plan in response to the guidance – incorporating the key operational elements of each of the organisations within the system. The ICB plan will be fully aligned to this FHFT Operational Plan.

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

In line with best practice, FHFT annually reviews its five-year strategy *Our future FHFT: Our strategy 2020-2025*. This is to ensure that our strategy continues to remain relevant and meaningful to our population, addresses the system and national requirements and continues to drive FHFT towards its vision, 'To be a leader in health and wellbeing, delivering exceptional services for our *local communities*.' This is underpinned by our longstanding values which guide everything we do as an organisation and as individuals within the organisation: *'Committed to excellence; Working together; and Facing the future.'*

Within the 5-year strategy are the Trust's 6 strategic ambitions, which provide a clear framework for the organisation to work to. Each strategic ambition has a lead executive director and clearly identified SMART objectives to achieve within the year and by the end of our 5-year journey. Please see figures 1 and 2 below for an overview. This operational plan will focus on detailing the plans within this next year (2023/24) giving an overview of the objectives and how the teams plan to meet these objectives.

5-Year Objectives:



Figure 1: Our Future FHFT 5-year Objectives

FHFT Strategy Objectives 2023-24: as at Mar '23

| Strategic Ambition | Lead Exec | 5 year Objective | 1 year Objective 23-24 | 1 Year Metric 23-24 | Metric SROs |
|----------------------------------|-----------|--|--|---|---------------------------------|
| Improving Quality for Patients | Lorna | Top 10 trusts for safety and patient experience | Improve antimicrobial stewardship and overall patient experience | <ul style="list-style-type: none"> Achieving 40% (or fewer) patients still receiving IV antibiotics past the point at which they meet switching criteria. Trust and confidence in doctors and nurses question included in National Patient Experience Survey – from 89% & 88% to 93% & 92% respectively | Henry W Lisa B |
| Supporting our People | Matt | Top 10 best trusts to work for in the country | Deliver year 1 of 3 year People Plan | <ul style="list-style-type: none"> Reduce turnover rate from 15.5% to 12% Reduce vacancy rate from 13.3% to 9% Reduce time to hire from 55 to 40 days Improved NSS score on would you recommend FHFT as place to work from 59% to 64% Reduce spend on agency to a maximum of £1.8m per month | Nick F Eleanor SS |
| Collaborating with our partners | Caroline | To reduce the need for hospital based care | Improve our overall LoS through Everyday Matters | <ul style="list-style-type: none"> Reduce number of MFFD by 15% from 225 to 191 Reduce NEL LoS by 12% from 7.5 to 6.6 days Improve number of pts admitted/discharged within 4 hrs to >76% by March '24 | Heidi B Kirstin MacDonald |
| Transforming our services | Tim | To provide consistently excellent care as 'One Frimley Health' | Improve access to elective care | <ul style="list-style-type: none"> Reduce Waiting List – eliminate 65 week waits Improve theatre utilisation to at least 85% Achieve 85% Day Case target Reduce Outpatient follow- ups by 25% | Alex S |
| Making or Money Work | Nigel | To be in the top 10 trusts in the country for efficiency | Deliver year 1 of the 3 year financial plan | <ul style="list-style-type: none"> Achieve CIP target of £33.3m Achieve planned year -end position | Stephen J |
| Advancing our Digital Capability | Tim | To be in the top 10 digitally advanced trusts in | Delivery of Epic benefits through | <ul style="list-style-type: none"> Value of financial benefits attributed to Epic £tbc Improved Digital Maturity Assessment – HIMMS level | Daniel W |

Figure 2: Summary of FHFTs 2023-24 Strategic Objectives

1.2.3 Delivering our Operating Plan to Achieve our Strategy and Vision

2023-24 represents a pivotal year in our 5-year strategy journey. It is a year of consolidation and the optimisation some of our biggest programmes and projects. Significant investments that we have planned and prepared for are landing this year and we need to ensure that implementation is successful. The opening of Heatherwood, our state-of-the-art elective centre in Ascot, will be key in delivering our plans and objectives for 2023-24. Likewise, our Electronic Patient Record (EPR), which went live in June 2022, will play a critical role in delivering significant benefits for our staff and our patients for this year, and into the future, as we move beyond stabilisation and into the optimisation phase of the programme.

Continued delivery of these two key programmes, and our objectives for 2023-24, will enable FHFT to deliver its 5-year vision. Delivering our plans this year will mean that we will be on track to deliver our strategy and by 2025 we will be rated outstanding across all sites, we will be recognised as being the best place to work locally both inside and outside of the NHS, we will be recognised for leading local health and care changes for our community, delivering clinical and service excellence for our patients and aligning our 'One Frimley Health' services. Finally, we will be at the forefront of technology and innovation creating value-added efficiencies in our processes delivering exceptional services across our organisation, this will allow us to continue to invest in our facilities and services for the future.

1.2.4 Reflection & Key Achievements in 2022/23

Although a challenging year, in 2022-23, FHFT witnessed some significant achievements from our teams. These achievements have helped to provide quality health services to our patients and has supported our people through collaboration and transformation. It is important to acknowledge and recognize the value of these developments and the contribution they have made to the FHFT strategy and to the organization as a whole. Although not comprehensive the following table provides some of the key achievements from 2022-23:

Table 1 - 2022-23 - 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 |
| Launch and implementation of our Electronic Patient Record (EPR), Epic. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Heatherwood Orthopaedics: Increasing the number of hip and knee replacements by 20% across the year. Achieving the GIRFT target by reducing length of stay to less than 2.7 days (1.9 days from 3.6 days) for hips and knees. 40% of patients home within the 24 hours of surgery. | ✓ | ✓ | | ✓ | ✓ | |
| Delivering diagnostic radiology services seven days a week and endoscopy services 6 days a week. | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Development of four virtual wards and our Urgent Community Response helping to avoid a hospital admission for 81% of patients referred. 98% of patients seen within 2 hours. | ✓ | ✓ | ✓ | ✓ | ✓ | |
| One of the first Trusts in the country to use both the Versius and Da Vinci surgical robots to perform surgery across a number of specialties. | ✓ | ✓ | ✓ | ✓ | | ✓ |
| Part of a global trial for the use of aquablation, heat-free robotic surgery for urology procedures. | ✓ | ✓ | | ✓ | | ✓ |
| Working in partnership with clinical partners across the system to develop community Cardiology hub model of care. FHFT cardiologists helped to train the GPs providing these services. | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Berkshire & Surrey Pathology Services (BSPS) automation rollout helping to improve test turnaround times across ED, inpatient areas and GP Practices. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| FHFT became one of 23 Trusts in England to become a People Promise exemplar site. | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Over 1,000 people trained in the Frimley Excellence methodology helping to build continuous improvement capability within our teams across FHFT. | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Successful launch of our Maternity and Midwifery Advice and Support (MAMAS) line providing access to expert advice for pregnant women and mothers. | ✓ | | ✓ | ✓ | ✓ | |
| Award winners within our Adult Integrated Respiratory (AIRs) and Frimley Health respiratory teams. | ✓ | ✓ | ✓ | ✓ | ✓ | |
| New state-of-the-art blood analysers rolled out across the BSPS Pathology network. | ✓ | ✓ | ✓ | ✓ | | |
| New discharge lounge at Frimley Park, new simulation suite at Wexham Park and planning permission for £47m unit at Frimley Park | ✓ | ✓ | ✓ | ✓ | ✓ | |

2. Operational Plan 2023-24

2.1. Recovery of Core Services & Setting the Operational Planning Landscape

Despite the achievements and progress made in 2022/23, it is recognised that there is a significant amount of work still to undertake to recover our core services to pre-pandemic activity levels and beyond, as outlined in the Planning Guidance. FHFT will recover and improve our services by continuing to support our teams to deliver the highest quality services and patient experience within the coming year. The next section will describe in more detail our operational planning landscape and planning assumptions for the year.

2.1.1. 2023/24 Planning Context

FHFT has submitted a number of versions of our plans to the national team. The latest was submitted on the 30th March 2023. Further versions will be submitted in April and work will continue to refine the plans. The most recent submission contains a number of key assumptions that are summarised here:

- FHFT will achieve 103% of elective activity across the year. This will vary according to the time of year and has been profiled accordingly
- FHFT's bed occupancy is assumed to average out at 95% across the year only hitting 92% for periods of the year.
- 65-week waits will be eradicated by the year end
- FHFT will achieve 76% for 4 hours by October 2023.
- FHFT will be compliant with all cancer standards by the end of the year

There are a number of detailed assumptions underpinning these planned outcomes for the year. These have been outlined in more detail in the following section.

2.1.2 Planning Overview

2.1.2.1 Elective Care

Overall, the Trust is planning for a challenging elective care demand environment. As mentioned above, the planning requirements demand delivery of elective activity of at least a 103% increase when compared to pre-pandemic levels which will fall across a number of areas of elective care: Day Cases, Electives, Outpatient First and Outpatient procedures, as well as 25% increase in diagnostic capacity as part of the delivery of key Cancer targets.

FHFT is planning to deliver 103% of elective activity but there are a number of identified risks that may impact delivery. First is a known impairment which will have an impact on our estate and therefore our capacity in the short-term. As a Trust which has a considerable amount of its estate on the Frimley Park site constructed from Reinforced Autoclaved Aerated Concrete (RACC) planks, there are plans to undertake remedial work which will impact our theatre and bed capacity. This is a known issue and there are mitigations in place to ensure that FHFT can deliver its elective target. Mitigation includes the full optimisation of our Heatherwood Elective Centre and use of Surgicube units to deliver elective surgery.

A key challenge for FHFT is the management of our bed stock and the length of stay of our patients. The assumptions built into our planning on beds is central to delivery of our urgent and emergency care activity but also impacts on our elective activity. In 2022-23, there were cases when elective activity had to be cancelled due to the lack of beds available for our elective patients. For 2023-24 we have recognised the need to substantively staff 120 escalation beds across the Trust to support urgent and emergency care admissions. Coupled with our work on length of stay, this will help FHFT to ensure that elective beds are available. A key assumption supporting this is our plan to ring fence 180 beds for elective work. The elective care bed stock has been profiled across the year to reflect the fact that more elective procedures will take place in the spring and summer months prior to non-elective demand increasing as winter approaches. This profile can be seen in figure 3 below.

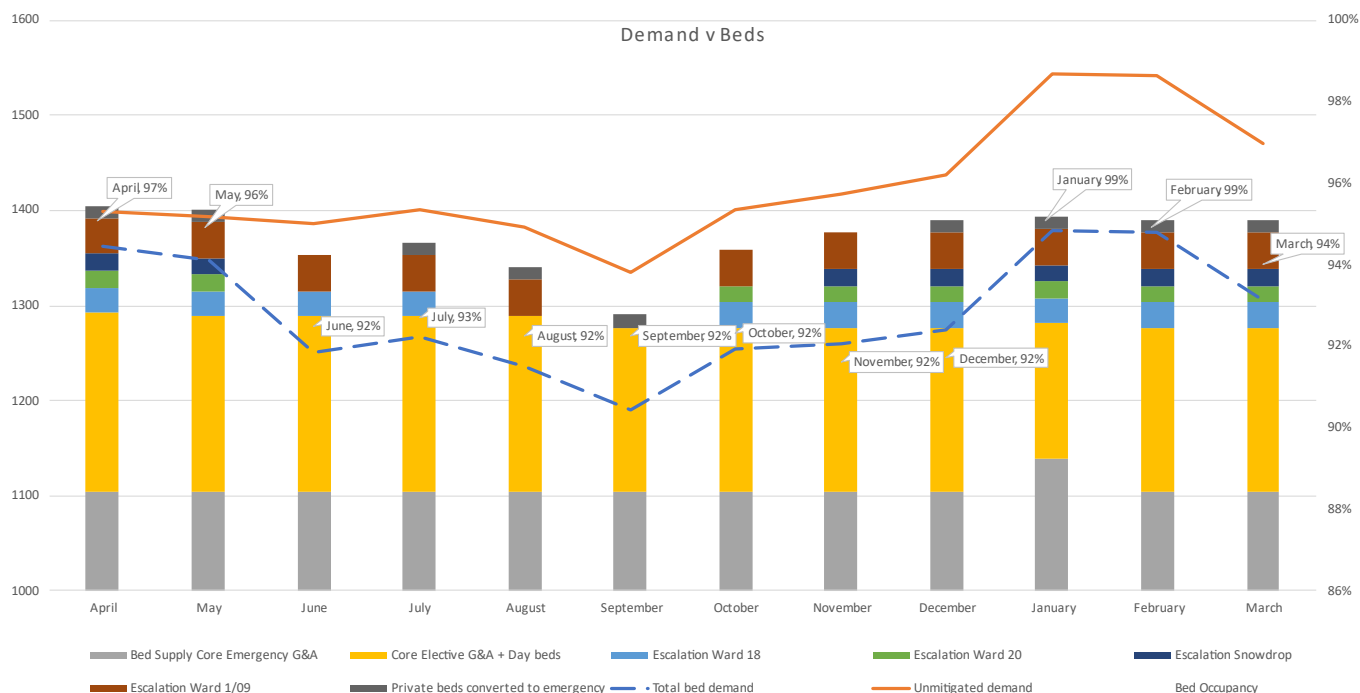


Figure 3: FHFT 2023-24 Activity Profiled Against Planned Bed Stock

Alongside managing the bed stock across the sites, delivering this level of elective activity will require efficiency across theatres, outpatients and diagnostics.

Our elective activity will be delivered by a combination of:

- Outpatient transformation:** we will see services converting the maximum possible follow-up capacity into capacity for outpatient firsts and Outpatient Procedures. Our outpatient team will be managed as part of the Heatherwood Elective Centre team and considerable work has already taken place to ensure that FHFT utilises all of our clinic rooms and sessions through the provision of flexible booking into spare session capacity. Alongside the use of clear clinic templates and reporting activity and utilisation back into directorates, this work will significantly improve the efficiency of our outpatient services. In addition, the services are focusing upon continued implementation of Patient Initiated Follow-Up (PIFU) to reduce unwarranted follow-ups and further increasing Advice and Guidance, that working in concert with system colleagues, shall minimise unnecessary clock starts and referrals. We are also reviewing pre-referral actions and referral criteria, and providing education for referrers, and supporting new GPWSI services to manage activity levels in the right way for our patients.
- Theatre transformation:** Our Heatherwood Elective Centre will continue to be at the heart of our transformation of theatres. A review of the way we utilise our main theatres has allowed the team to drive forward a raft of changes that will support an increase in days case usage such as investment in an updated procedure room for our ophthalmology activity freeing up laminar flow theatre capacity for day case work. This will also support a transfer of activity allowing an element of decompression of our main acute sites as more elective work can be undertaken at Heatherwood. These transformation initiatives have enabled FHFT to consistently use over 95% of all available theatre sessions at our Heatherwood site. However, there is more work to be done as Heatherwood has been accepted as part of cohort one for GIRFT accreditation in 2023-24. The teams will continue to drive through our HVLC work as part of tackling our elective care backlog and improving theatre efficiency.

2.1.2.2 Cancer Services

The national requirement for 2023-24 can be summarised as; the reduction of long waiters over 62 days and the continued delivery of earlier and faster diagnosis of cancers. More specifically, for 2023-24 the target is to continue to reduce the number of patients waiting over 62 days (minimum less than 200 by March 2024) and to meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days. The requirement of the Long-Term Plan remains in place that being an increase of the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028. FHFT and our partners across and beyond the system, including the Cancer Alliance, have detailed plans in place to deliver these requirements.

The work will be supported by a range of specific projects and actions targeted at achieving both the requirements of 2023-24 and the longer-term requirements of the Long-Term Plan. A summary of the key actions can be seen below:

- We will implement an updated pathway for suspected colorectal cancers to ensure that at least 80% of patients referred have had a FIT test prior to referral for suspected colon cancer
- We will implement a tele-dermatology pathway for patients with suspected skin cancers. This will help to speed up diagnosis for this cohort of patients.
- We will implement prostate National Best Practice Timed Pathway (BPTP)
- We will prioritise additional diagnostics for cancer particularly via CDCs. Expected growth of diagnostic demand is 25% and it is expected that treatment will be 13% higher than last year.
- We will expand targeted lung health check programme and ensure sufficient diagnostic and treatment capacity to meet this new demand.
- We will provide additional diagnostics capacity at Heatherwood Hospital
- We will improve access to PET-CT
- We will implement a Cytosponge service (subject to national approval)
- We will progress plans for a Community Diagnostics Centre in Slough and a spoke in Aldershot – this will support both planned care and cancer work
- We will restart one stop prostate diagnostic services
- We will restore 7-day request to report turnaround times for diagnostics
- We will ensure patients have a Fit test result considered prior to referral for suspected colorectal cancer
- Complete pathway reviews and actions for colorectal, gynaecology and urology

Underpinning this work are a number of key delivery priority workstreams:

- Prevention and screening
- Early presentation for diagnosis
- Effective and timely diagnosis and treatment
- Support for patients before, during and after treatment

These key workstreams are also used to frame our future goals over the next five years which can be seen in figure 4 below:

| Prevention & screening | Early presentation for diagnosis | Effective and timely diagnosis and treatment | Support for patients before, during and after treatment |
|---|---|---|---|
| <p>To reduce cancer incidence and improve cancer detected through screening</p> <ul style="list-style-type: none"> • Reduce smoking to below national levels • Make measurable reduction in levels of obesity • Improve screening uptake in breast, colorectal and cervical to top decile • Deliver targeted lung health checks in line with the national programme • Implement new screening services as they become available | <p>To deliver earlier diagnoses and increase survival</p> <ul style="list-style-type: none"> • Local implementation of national campaigns on coming forward with concerning symptoms • GP leader campaigns to the public • Referrer education focusing on suspected gynaecology, colorectal and urological cancer • Implement iRefer to support diagnostics decision making and direct access pathways | <p>To reduce the time it takes to diagnose and treat cancer using the most effective current therapeutics</p> <ul style="list-style-type: none"> • Return to meeting constitutional waiting time standards • Utilise diagnostics in community settings as far as possible • Provide an alternative to diagnostics and treatment services delivered by Mount Vernon Cancer Centre (including chemotherapy and radiotherapy) • Restore 7 day request to report turnaround times for diagnostics • Complete pathway reviews and improvement actions for any pathways not meeting the required standards • Expand capacity for aseptic preparation of chemotherapy to meet growing needs • Deliver continues quality and outcomes reviews to increase survival where improvement potential identified | <p>To improve patient experience and reduce impact on the local population</p> <ul style="list-style-type: none"> • Ensure that all patients who wish to receive a health needs assessment when they are diagnosed with cancer • Ensure that all patients who wish to receive a cancer care review by their GP at the appropriate time • Provide improve psychosocial support for patients • Provide effective signposting to support resources and information for all patients • Show improved patient feedback in all measures |

Figure 4: 5-year priorities, opportunities and benefits for cancer services across NHS Frimley

2.1.2.3 Urgent and Emergency Care

The transformation and recovery of Urgent and Emergency Care (UEC) services is one of the top priorities for FHFT and this can only be achieved through true system and partnership working with colleagues across the Frimley Health and Care ICS. For Urgent and Emergency Care, the needs of the population shall be achieved through a number of initiatives within FHFT and across the ICS. Our UEC strategy and plans for the year centres around 4 core objectives which are:

- **Population health**
 - We will use our extensive data and population health insights to ensure that we understand the needs of our population and that we design our services so that they are tailored to, and address that need.
- **Prevention**
 - Prevention is a vital part of managing the demand for our UEC services. Development of the right preventative measures and initiatives will help us to reduce the demand for UEC services. Much of this work will be undertaken by our partners across the system but with input, support and expertise from FHFT clinicians.
- **Access to services**
 - Access to the right services at the right time is one of the most important aspects of our UEC strategy. It involves provision across primary, secondary and community care. Further detail of FHFT's input into this element of the UEC strategy and 2023-24 plan is provided below.
- **Exit from UEC services**
 - A well-planned and supported exit from UEC services is vital to ensure that services are sustainable, and that capacity is sufficient for those who need to access our acute and inpatient services as part of their UEC pathway. As we continue to transform our discharge processes, patients will experience a timely exit from acute services in a way that provides a continuity of care to ensure that recovery is effective for each individual.

FHFT will have a part to play in each of these objectives to a greater or lesser extent. The diagram below shows the FHFT Non-Elective care model and shows that the focus for FHFT will be from the pre-acute phase in the community through to the 'front door' of the Emergency Department (ED), assessment and treatment at the acute phase, on to short-stay, ward-based care and finally, through to discharge.

Non-Elective Model

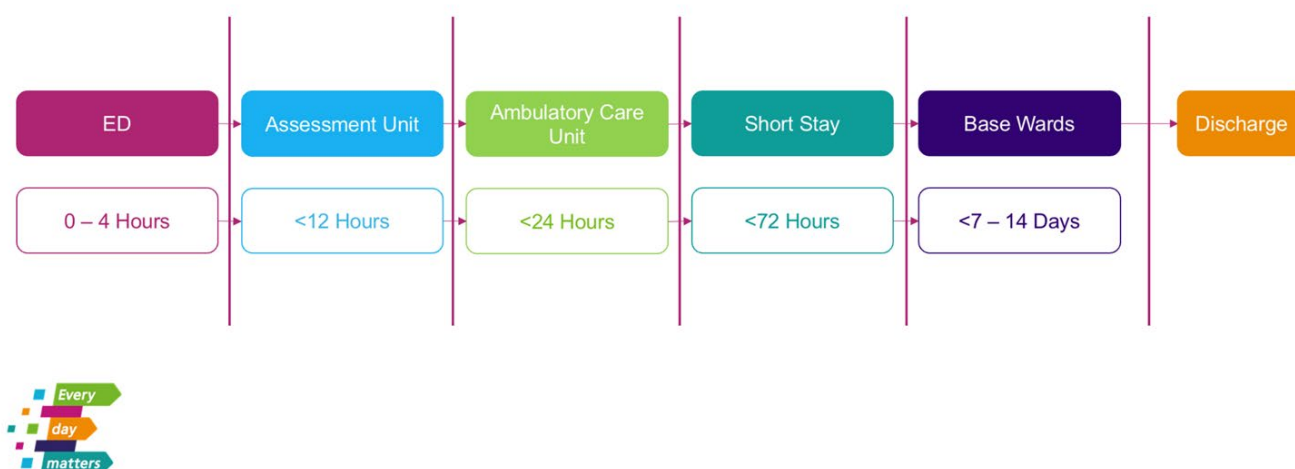


Figure 5: Key elements of Non-elective model

The pre-acute element involves the management and care of patients before they hit our ED. In 2023-24 FHFT has a number of projects in place that will support patients with the right services at the right time. These include:

- Continued use of our Hospital at Home team helping to achieve our 2-hour urgent community response standard. The national requirement is that over 70% of referrals into this service are responded to within 2 hours. At FHFT our current performance is closer to 91%.
- Use of our virtual wards of which we currently have a number open and operational across Frailty and Respiratory services. These wards help to support patients discharged from the main acute hospital sites but also help with admission avoidance. The aim is to achieve an 80% occupancy rate of by the end of the year.
- Working with partners we are also supporting advice and guidance for referrers as part of admission avoidance and there is a focus on a reduction in ambulance conveyance through the use of alternative pathways to ED where appropriate alongside 'See and Treat' and 'Hear and Treat'.

Once patients have arrived at one of the FHFT EDs then there are a number of projects and initiatives in place to support delivery of the 4-hour target. Linking to the model above, our initiatives are broadly split across our 'acute front door response' (assessment and treatment under 12 hours) and our 0-72 model workstreams for those that require a period of stay within the hospital. Our acute front door initiatives include:

- Continued use and optimisation of GPs within ED to support the triage and treatment of at least 15% of patients who attend our ED.
- The approval and implementation of our updated internal Professional Standards (IPs) which will support flow through ED reducing the time patients spend in the department
- Presence of senior clinical decision makers to support rapid assessment, triage and treatment of patients at the front door
- Implementation of 'fit to sit' initiative in our majors department which will support the transfer of patients from ambulances into ED
- Supported by the updated IPs, there will be an enhanced flow of patients into the appropriate assessment spaces e.g. Same Day Emergency Care (SDEC), AMU, AAU SAU areas
- Linked to the above action there will be functional assessment spaces for medical and surgical patients and specialist assessment areas for paediatric, frailty and gynaecology patients

- This SDEC capacity will also have the ability to see booked appointments following clinical referral from appropriate clinicians
- There will also be dedicated short-stay (0-72 hours) capacity for key specialties

Critical to the delivery of our UEC care plans for the year is our management of the length of stay (LoS) of our patients. Our non-elective model above shows the pathway from admission to discharge and managing patients with a longer LoS and facilitating quality discharges to the right setting is central to providing a comprehensive UEC pathway. Our Every-Day Matters programme is key in delivering this objective. The key actions under this programme are:

- The provision of high-quality, timely and consistent board rounds on each of our wards across the Trust
- Ensuring that EEDs are set within 24hours of arrival, reviewed daily on each ward and ensuring the majority of EDDs are accurate within 24hours of discharge
- The development of Internal Professional Standards (IPSs) for admitted patient care
- The use of a criteria-led discharge process
- The provision of timely TTOs to support patient discharge

All of the actions above, coupled with the discharge and flow work undertaken with system partners, will support improved flow through ED, reduce overall LoS and reduce the number of patients in acute hospital wards who do not have criteria to reside in the acute setting. This links very closely to one of our key strategic objectives for the year which can be seen later in section 4.3.

3. Future FHFT Transformation Opportunities




Our Frimley Excellence programme of continuous quality improvement continues to support the delivery of our Trust strategy, in particular in relation to improving quality for our patients and supporting transformation of our services. Frimley Excellence is aimed at establishing a culture across the Trust where our teams are empowered and encouraged to make improvements that support the delivery of Our Future FHFT strategy ambitions through continuous improvement. It does this by developing and teaching tools and techniques that enable teams to apply team-focused improvement projects. It delivers training, support, coaching and mentoring to help embed these techniques in everyday work for effective and lasting improvement.

Alongside our key strategic ambitions, the enabling of our Every Day Matters programme to support our patients to be discharged home as soon as possible, is a primary focus. Frimley Excellence will be engaging staff trained across the organisation, to deliver improvements and support flow of patients through the hospital and wider system.

2022-23 saw us we open our new state-of-the-art Heatherwood Elective Centre and implement our Electronic Patient Record. As we move into 2023-24, the Frimley Excellence methodology will be used to continuously improve and optimise our services to ensure we are providing the best standards of care and services to our population. This includes further embedding our improvement management system, both across Heatherwood and into our wider locations, as well as developing and improving the benefits that our electronic record provides us with. Our Get It Right First Time lead has been supporting work to reduce length of stay for people having hip or knee surgery, through increased day case rates, supporting elective recovery, and ensuring right procedure, right place. There is a plan in place to achieve elective hub accreditation status by Q4 2023-24.

Following the approval of our Research & Innovation strategy, this year we will see the next steps as a result of the combined power of our transformation programmes and embedding our Frimley Excellence improvement methodology to help us progress Research and Innovation across the organisation. Our early success with Artificial Intelligence will continue to form an integral part of this, as we look to further embed data-based decision making at both a micro and macro level.

Table 2 outlines examples of the main transformation opportunities we have in 2023-24.

| Programme | Purpose & Plan | Timeframe |
|--|---|---|
| Heatherwood Hospital | Our elective centre at Heatherwood is central to the delivery of our elective plans. The team managing Heatherwood continues to drive the transformation of services provided at this facility. This includes transformation of the outpatient services, use of mega clinics, arthroplasty superweeks, provision of one-stop skin cancer service, consistent delivery of a LoS for hip and knee replacement of below 2.5 days, 40% of joint surgery patients are safely discharged with 24 hours and Heatherwood will be aiming to be part of cohort one for GIRFT accreditation. | 10 th June 2023 and Ongoing |
| Digital strategy | Our new CIO the Trust in 2022 and has initiated the development of a new Digital Services Strategy which is due for sign off in May 2023. This will be published in early 2023-24 defining our digital future for the next 5 years. Further detail can be found in section 4.6 under our 'Advancing our Digital Capability' Strategic Ambition. | End of May 23 for sign off 2023-28 |
| Epic EPR  | Transformation through our EPR, Epic, continues as we move beyond the stabilisation period of the project into optimisation. Optimisation of Epic supports the ability to drive a range of clinical and operational benefits through transformation of the way we work. We will be working with our clinical and operational colleagues alongside Epic to adopt best practice and to drive more efficient digital workflows. Further detail is provided in the 'Advancing our Digital Capability' Strategic Ambition section (section 4.6). | On-going |
| Research & Innovation hub | Led by our Associate Director for Research and Innovation our Research and Innovation team has developed a strategy to help guide our innovation activities. Following formal agreement of the strategy, the next steps will be to operationalise the plan through 2023-24 and beyond. | Date 2023 - 2025 |
| Innovation & Technology | We will harness our extensive experience in Research and Innovation and harnessing new developments to develop a pipeline of innovation to ensure we are a leader in the field, initiatives include: a) Artificial Intelligence (AI) – continuation of a number of initiatives to incorporate artificial intelligence into our practice to become a leading NHS centre of innovation for AI implementation and evaluation. b) Robotics – We continue to develop our robotic programme as one of the first sites in the country to operate using two surgical robots in multiple specialties | Multiple AI projects underway, more in the pipeline Versius & Da Vinci robots both in use |
| Magnet4Europe®  | This is a National programme which redesigns healthcare work environments by promoting mental health & wellbeing of staff, enhancing productivity and improving patient outcomes. Following the development of the nursing strategy, and the shared governance strategy, the next steps are to embed ward accreditation to ensure consistent processes, as well as recognition for those teams who are committed to excellence, are embedded. | Shared governance established April 2023 |
| FHFT Estates Strategy and Transformation | FHFT has an extensive capital programme of development and transformation. This includes on-going development and refurbishment of wards and clinical areas and our approach to managing our RACC plank issue. An agreed Estates Strategy is expected to be completed in the summer of 2023 defining our future estates programme This will include details of the potential development of the Frimley Park site | Summer 2023 |
| 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 |

4. Six Strategic Ambitions – Operational Plans for 2022/23



4.1. 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.’ Our objective for 2022-23 is to **deliver improvements in antimicrobial stewardship and overall patient experience**. Progress against this objective will be measured using 2 key metrics:

Metric 1: Achieving <40% (or fewer) patients still receiving IV antibiotics past the point at which they meet switching criteria.

Metric 2: Improve our patient experience scores in the confidence in doctors and nurses questions in the National Inpatient Survey. The target will be to improve from 89% and 88% for doctors and nurses respectively to 92% and 93%.

From April 2023 the IVAS Home Infection Service will be the new cross-site nurse-led service to provide support for patients being discharged with intravenous antibiotics with the support of the infection consultants. Through the implementation of a weekly MDT, this redefined service will actively identify inpatients on IV therapy who can be switched to oral antibiotics as well as those who can be discharged on IV antibiotics as early as possible (or stop the antibiotic as appropriate). The Home Infection service will provide a weekly nurse-led review clinic where IV to oral switch or stop will still be a priority.

There are a number of benefits associated with delivering this metric; these include:

- The release of nursing time from preparing/administering IVs allowing nurses to provide other services on the wards
- The reduction in use of IV devices and consumables which helps to reduce the cost associated with treatment
- The reduction in line related infections helping to reduce the burden on the nursing and infection control teams
- The identification of potential patients for discharge to receive ongoing IV therapy via IVAS Home Infection Service which will ensure that the right patients are receiving the right treatment for their ongoing needs

‘Trust and confidence in Doctors and Nurses’ is considered as a key indicator of a patients overall experience. Not achieving this leads to higher numbers of complaints and negative feedback. The Trust’s 5-year plan will be achieved in being a leader in healthcare and delivering quality care for our patients if FHFT can deliver exceptional patient experience and enhance its reputation for quality care. The most recent National Inpatient Survey results show that FHFT scored 89% for doctors and 88% for nurses. Whilst these may not seem low, this did position FHFT in the bottom 20% of the country. Achievement of our objective will ensure that FHFT improves this position. The exact benchmark and position will be determined by the relative performance of other Trusts but achievement of 92% and 93% respectively would have placed FHFT in the top 10% of Trusts.

Key actions to meet this objective in 2023/24 include:

- Establishment of a baseline to measure what percentage of patients currently continue to receive IV antibiotics after the point they meet the switching criteria.
- Re-establishment of an Antimicrobial Stewardship Group (ASG) from April 2023.
- IVAS Home Infection Service begins proactive identification of those patients who are able to switch from IV to oral or those eligible for outpatient IV therapy from April 2023
- The creation of a report in Epic to establish an internal audit process to support monitoring of the standard. The report will be used by ASG personnel to establish baseline by end of Q1.
- Multimodal approach to education of key stakeholder and clinical groups. ASG-led education of prescribers, nurses and pharmacists by end of June 2023.
- ASG to review CQUIN impact and establish further countermeasures and any balancing measures if required by end of July 2023
- We will establish focus groups with service users to explore in more detail to improve our understanding of confidence and trust in Drs and Nurses by the end of May 2023.
- We will continue our roll-out of our shared decision-making model to further directorates across the Trust; Cardiology and MSK services involved in early 2023.

Governance Arrangements

Operationally, this will be monitored and managed by the Antimicrobial Stewardship Group (ASG) which will be re-established from April. Under the auspices of Hospital Infection Control Committee (HICC), the ASG, would be responsible for oversight of IV to Oral switch (IVOS). The Patient Experience Forum (PEF) will monitor the regular patient experience scores and the actions plan in place to implement improvements. PEF and HICC will report directly to Care Governance. All objectives have Executive oversight through the Strategy Implementation Group (SIG) and Senior Leadership Committee (SLC).



4.2. Strategic Ambition ‘Supporting Our People’

Our People are fundamental to FHFT’s success and achieving our people plan underpins the delivery of our strategic objectives and operational plan for 2023-24. Our 5-year objective for ‘Supporting Our People’ is ‘*To be in the top 10 best trusts to work for in the NHS*’. To achieve this 5-year goal, our objective for 2023-24 is to **Deliver year 1 of 3-year People Plan** which is a development and continuation of the objective from 2022-23.

The metrics we will be using in 2023-24 to measure our performance against this objective are:

Metric 1: Reduce vacancy rate from 12.9% (Jan 23) to 9% by March 24

Metric 2: Reduce time to hire from 89.3 days (February 23) to 40 days by March 24

Metric 3: Reduce spend on agency to a maximum of £1.75m per month

Metric 4: Reduce turnover rate from 15.38% (Jan 23) to 12% by March 24

Metric 5: Improved NSS score on would you recommend FHFT as place to work from 59% (NSS 22) to 64% (NQPS Jan 24)

Our 3-year People Plan is designed to help us to achieve our 5-year objective to be in the Top 10 best Trusts to work for in the NHS and it is through our people that we will deliver our vision. It is our people who deliver outstanding care for our local population.

Our People Strategy provides a framework for our annual objectives is structured around 4 key themes which can be seen below:

| | |
|--|---|
| GROW <i>We will recruit, retain, and develop people who are supported to deliver outstanding patient care</i> | EXCEL <i>We will be an organisation where people and culture matter; where our people are supported to develop; where their contributions are recognised, and talent is nurtured</i> |
| BELONG <i>We will build a compassionate and inclusive workplace; where people have a voice that is heard; where they are valued and experience respect, representation, and civility</i> | TRANSFORM <i>We will enhance our people digital offering and embed a culture of continuous improvement to our services, improving the employee experience and releasing time for patient care</i> |

Figure 6: Key themes of People Strategy

Attracting, recruiting, and retaining the best people across the NHS is a key strategic issue for FHFT and a key focus for 2023-24. We want to build on our reputation as a great place to work, attracting the best people from our local area, across the country and internationally. We have to be the best we can be to attract the high-calibre candidates we need and widen access to employment opportunities to people from diverse backgrounds and from across different

generations. We will enhance the conditions that encourage our people to stay with us: flexible working, career progression, a good working environment and supportive and inclusive leadership. If we can achieve all of the above in the current challenging circumstances, we will ensure that our workforce model is sustainable for the future. Recruitment of individuals into the FHFT team will help to support improved outcomes for patients at the same time as managing the costs of temporary staffing.

Increase demand has created a heavy reliance on the temporary workforce, particularly agency. We will right-size our establishment to meet this growth and shift the balance from agency to bank. This switch from temporary staff to permanent is central to achieving our people objectives and our overall plans for 2023-24. As a result, there is a significant focus on delivering this key element of our plan. There are a number of key actions which we will undertake as a matter of urgency; these comprise:

- **Increasing Bank Workforce:** Our Temporary Staffing team is proactively contacting Bank only workers to gather availability, preference for working and encouraging them to book into shifts, through calls, SMS messaging and Loop. New Bank Staff are being looked after by a dedicated manager, who, once they have completed their shadow shifts, is booking them into future shifts and addressing any concerns.
- **Reducing Fill Rate:** ID Medical has months of data to allow them to analyse agency usage, this is being presented to our Deputy Chief Nurse, to agree where we can introduce reductions in fulfilment in certain areas without compromising patient safety. HON's and Matrons are verifying Net Hours in Healthroster. This information will be used in conjunction with the IDM data to reduce agency fulfilment.
- **Usage of RMN's and MHCA's:** HR/ HONs have run an Enhanced Care Focus Group, drilling down on usage of Agency HCP's for Mental Health, which has increased substantially in the last 12/18 months. The Policy for identifying the need for Mental Health Care is being reshared. Detailed information is being collated on number of patients who are provided with this level of care with a view to identifying the true need in order to support patients and nursing teams in the most efficient and effective way possible. The Bank Mental Health Care Assistants role has been established and we are onboarding to Bank from both Security and existing CA's in order to improve continuity of these services and to reduce agency usage.
- **Local Agency Cost Reduction Plans:** Working with Finance colleagues who are providing budget information, we are establishing agreed local action plans with HON's and Matrons to address and reduce agency expenditure. Performance will be tracked against these plans and reported to the Nursing, Midwifery and Workforce Assurance Group (NWAG). A summary monthly performance report will be shared with our executive team to ensure clear line of sight on this work.

The overall workforce plan for 2023-24 is summarised in the table below which shows the focus on the reduction of temporary staffing versus the plans to recruit substantively.

| Actual FTE | Staff in post outturn 31-Mar-23 | Staff in post outturn 31-Mar-24 | WTE Diff | % Change | Pay Bill £m FOT 2023 | Pay Bill £m Plan 2024 | £m Diff |
|-------------------------------|---------------------------------------|---------------------------------------|----------|-------------|----------------------------|-----------------------------|---------|
| Total Wte inc bank and agency | 11,302.05 | 11,290.03 | -12.02 | -0.1% | £596.70 | £592.30 | -£4.40 |
| Total Substantive | 9,502.87 | 9,965.03 | 462.16 | 4.9% | £480.40 | £498.60 | £18.20 |
| Total Bank | 1,082.49 | 927.50 | -154.99 | -14.3% | £68.30 | £61.20 | -£7.10 |
| Total Agency | 716.69 | 397.50 | -319.19 | -44.5% | £48.00 | £32.50 | -£15.50 |

Table 3

As discussed above, the plan is predicated on filling vacancies rather than growing the overall establishment (including historic use of bank and agency wtes). The emphasis will be on replacing bank and agency with substantive personnel, with an agency reduction of £17.5m and a bank reduction of £7.1m. Overall substantive costs will increase by £18.2m but the overall this is a £4.4m cost reduction in our workforce bill when compared to 2022-23.

The Trust has ambitious plans for new service developments in the next 3 years. Additional wards, a state-of-the-art diagnostic centre and the prospect of a new hospital. Strategic workforce planning needs to be at the heart of growing our organisation.

We need to balance our workforce needs against the workforce that is available, working with our directorates to develop new solutions including new ways of working, different skill mixes and introducing new roles. International recruitment will expand. We will also strengthen our domestic pipelines, recruiting our students to permanent roles and widening access to opportunities for local people through pre-employment programmes and apprenticeships.

Managing turnover is a key aspect of ensuring we have a balanced workforce and that we retain the skills, knowledge and expertise of as many individuals as possible across the Trust. Coupled with a robust recruitment plan and a reduced time to hire our expected net position for turnover and vacancy rates for the year can be seen in the table below:

| Substantive Workforce | Retirements | Other turnover | Newly Qualified | International Recruitment | Domestic recruitment | Change in Wte |
|---|----------------|-----------------|-----------------|---------------------------|----------------------|----------------|
| Registered Nursing, Midwifery and Health visiting staff | -44.72 | -336.19 | 183.00 | 300.00 | 111.00 | 594.00 |
| Allied Health Professionals | -8.23 | -103.53 | 66.00 | 60.00 | 58.76 | 184.76 |
| Other Scientific, Therapeutic and Technical Staff | -2.47 | -30.64 | 0.00 | 0.00 | 71.25 | 71.25 |
| Registered/Qualified Healthcare Scientists | -2.91 | -37.85 | 0.00 | 0.00 | 50.38 | 50.38 |
| Support to clinical staff | -27.78 | -322.23 | 0.00 | 0.00 | 497.31 | 497.31 |
| NHS Infrastructure Support | -37.02 | -313.45 | 0.00 | 0.00 | 393.95 | 393.95 |
| Medical & Dental | -11.87 | -147.58 | 46.90 | 0.00 | 127.69 | 174.59 |
| Total | -135.00 | -1291.45 | 295.90 | 360.00 | 1299.34 | 1966.24 |

Table 4

Our plans are fully aligned with the Frimley Health and Care ICS People Plan, as well as the NHS People Plan and People Promise (2021).

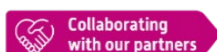
Key actions for 2023/24 include:

- The medical and general recruitment team have been working with the workforce information team to begin the consistent linking of Trac vacancies to ESR. This will improve the efficiency of the wider recruitment/hiring process by partially automating the activity of inputting our new starters onto ESR.
- There is currently a very high turnover of Healthcare assistants within the trust, with an average of 15 leaving a month. At the moment, the recruitment team have a target of booking in 30 new HCA'S per month. If this is consistent from April to October 2023, all vacancies should be closed by October – November 2023. There will be a relentless focus on our time to hire medics as we build on the implementation of the electronic new starter forms process for both general and medical recruitment. The HR Transformation Project Team are digitalising some of the more specific forms currently used in the recruitment of medics to further improve the candidate and manager experience of recruitment as well as the efficiency of our processes.
- From April 2023, the HR Transformation Project Team will be working with Trust ID, our current supplier, to look at implementing a digital ID check system that would allow candidates to download an app from their mobile phone and take photos of their ID documents to be uploaded into Trac. This would mean that there would no longer be a delay between the candidate receiving their offer and booking their in-person ID check.

- From April 2023 the expected launch of ID Medical for Medic's agency bookings will support the management and cost of booking temporary medical and nursing staffing across the Trust.
- We will officially launch our updated People Strategy in June 2023.
- In June 2023, we will launch the FHFT Talent Management Programme which is aligned with our ICS colleagues
- By the end of July 2023 we will launch the revised Health and Wellbeing Strategy in line with NHS Health and Wellbeing Framework
- September 2023 will see the launch of our EDI strategy
- In October the National Staff Survey 2023 launches with manager's guide to be produced on how to use staff survey results at the local level in advance of results being published
- We will launch the Leadership and Leadership Development Strategy as part of Culture and Leadership programme in January 2024.

Governance arrangements for meeting our People Objective:

This strategic ambition is overseen by the Human Resources (HR) team. The governance structure in HR includes the HR Programme Management Group, the People Strategy Group and the People Committee. Executive oversight and assurance is also provided through SIG and SLC.



4.3. 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 to work with our partners to achieve our objective **of improving our NEL length of stay through our Every-Day Matters programme**. There are 3 key metrics used to measure our performance against this objective.

Metric 1: Reduce our number of MFFD patients on site by 15% from 225 to 191

Metric 2: Reduce our NEL LoS by 12% from 7.5 days to 6.6 days

Metric 3: Improve the number of patients admitted or discharged from ED within 4 hours to 76% by March '24

Urgent and Emergency Care Pathway

Working with our partners FHFT has developed an Urgent and Emergency Care improvement plan which will support our overall performance but will also help to deliver our objective for 2023-24. The plan is structured around the key elements of the emergency care pathway which are:

- Pre-acute
- Acute Front Door
- 0-72 hours
- Every-Day Matters
- Clinical Site Management
- Discharge and Flow

Pre-Acute Care

As referred to in section 2, our Urgent and Emergency Care plan includes an aspect of pre-acute work with system partners. This involves our 'Hospital at Home' team and Frailty teams supporting our Urgent Community Response within 2 hours. We also have our Frailty virtual ward to support ongoing treatment. The Urgent Community Response service will respond to a critical clinical need, where an intervention is required within two hours to avoid an acute hospital admission. If ongoing medical treatment is required patients will be admitted to the Frailty Virtual Ward. The response will be delivered at the patient's own home or usual place of residence (e.g. care home). The service consists of a highly skilled multi-disciplinary team including Advanced Clinical Practitioners (ACP), Nurses, Therapy, Admin and Geriatricians. The Frailty Virtual Ward offers a 'Hospital at Home' service for persons aged 18+ with a high acuity and

frailty, that require intravenous antibiotics, diuretics, and intravenous fluids for their condition. This pre-acute intervention provides a quality service and an improved patient experience. It also helps to prevent hospital admission which patients value when the circumstances allow this.

Acute Front Door

Key to providing safe and effective services in our Emergency Departments (ED) is the provision of robust assessment and triaging coupled with senior clinical decision makers at the front door. FHFT will provide a combination of consultant and non-Consultant Senior decision makers (SDMs) who will ensure that we improve safety, quality and efficiency of clinical care through:

- Enhanced clinical decision making, especially by leading the resuscitation of critically ill and injured patients in the ED.
- Improved supervision of junior members of the medical workforce by either direct review of cases or discussion on areas of concern. This ensures that patients are provided with the most efficient, effective diagnostic and therapeutic pathways
- Ensuring that those patients who can be managed by AEC pathways are appropriately referred, enhancing 'gatekeeping' of the in-hospital bed base, which maximises safety and optimises the patient experience.
- Delivering on the expectation of patients to be seen by an appropriately qualified clinician.

As well as having senior decision makers at the front door, FHFT works with local GP partners who work on our ED sites. Historically these GPs have handled approximately 10% of our daily ED walk-in attendances and we will be looking to increase this to 15% in 2023-24. We have plans in place to optimise the use of this service and to increase the number of patients streamed into these services in order to reach 15% of our total walk-ins as a minimum.

FHFT has also updated its Internal Professional Standards policy to ensure optimised assessment and treatment of patients who attend our EDs. Our Internal Professional Standards for non-elective attendances have been agreed by our Chiefs of Service to help us to manage non-elective patients in, through and out of our hospitals and services. They lay down the process and timelines from a patient's arrival and initial assessment in the emergency department to the transfer of care to our specialty teams, as well as direct primary care and post-surgical referrals to our assessment units.

The standards are designed to ensure we see, treat and care for our patients in the best possible settings and minimise any risks to them. A copy of our Internal Professional Standards can be seen below:

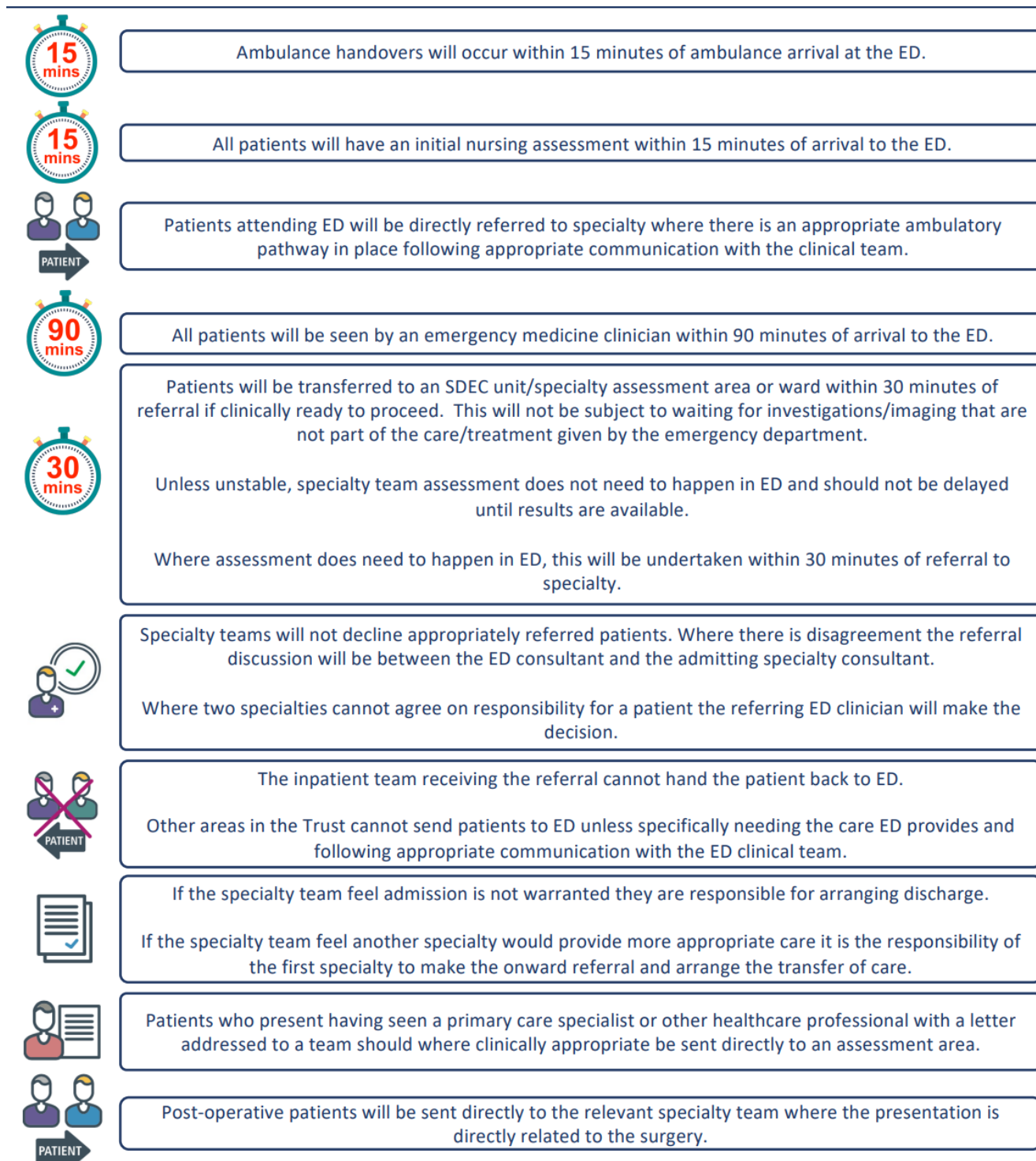


Figure 7: Internal Professional Standards

Further actions in ED include the introduction of fit to sit cubicles in ED Majors and the optimisation of turnaround times for blood tests both of which will help support more rapid admission or discharge of patients.

0-72 Hour Model

In order to support an effective 0-72-hour model FHFT will be making improvements in our Acute Internal Medicine (AIM) team. AIM provides a multi-professional assessment, diagnosis, and management plan to acutely presenting medical patients within the first 72 hours of their admission. At FHFT, this is largely provided across Acute Medical Units (AMU), Acute Assessment Units (AAU) and Medical Same Day Emergency Care (SDEC) Areas. Managing patients in a streamlined way in the acute phase of their illness, either on an AMU, AAU or in an SDEC setting offers significant potential to deliver care safely, while sustaining or improving outcomes, improving patient flow and patient experience. The potential reduction in acute hospital admissions through SDEC and reduced length of stay through an AMU would also greatly reduce the downstream strain on our inpatient medical beds. FHFT will be implementing a

push model from our AMU, AAU and SDEC areas to our wards to maintain flow through our acute medicine services which, in turn, will support flow from our EDs. To support this FHFT will increase its medical staffing provision across these acute areas and increase cover across the week. This will involve an active review of our medical rotas to support this improvement. Flow will also be maintained by improving the scope of our speciality in-reach into AMU; specifically from the respiratory, gastroenterology and cardiology teams.

The flow of patients through our 0-72-hour model will be carefully managed with a number of key principles adopted to ensure that flow is maintained whilst providing services which meet the clinical needs of the patient. A pathway will be agreed that all patients requiring a medical admission must go to AMU unless there is robust clinical reason why not e.g. requires MADU/CCU/AFU. There will also be an agreed pathway for patients who have completed their acute phase of care (0-72hrs), to be moved to a down stream bed (general ward bed) – this will be at the discretion of the relevant AMU consultant.

Alongside the medical SDEC areas FHFT will be operating both Surgical and Frailty SDEC spaces on both of our acute hospital sites. These will help to reduce the surgical length of stay and reduce the number of surgical DTAs within our EDs. It will also support with a number of key national metrics including the achievement of an increased percentage of patients receiving a geriatric assessment within 30 minutes of arrival.

Every-Day Matters (LoS)

As with 2022-23, reducing the length of Stay (LoS) for patients and reducing the numbers of those who are Medically Fit for Discharge (MFFD) are key focus areas for 2023-24. The objective this year is a continuation and development of the previous year and builds on the work we have done to establish our Every-Day Matters (EDM) programme which focuses on making sure that each individual involved in a patients' care pathway understands the importance of reducing the unnecessary time a patient spends in an acute hospital setting. A shorter, more efficiency length of stay for a patient reduces incidents of harm, provides a better patient experience and creates flow and capacity for other patients who require care in an acute hospital setting. EDM aims to get more patients in the right place at the right time. This means patients being discharged home or to their usual place of residence as safely and as quickly as possible. This includes input and engagement from all of our teams, not just clinical services. The programme embodies each of our Frimley Health values, being committed to excellence, working together and facing the future.

EDM has had a significant impact in 2022-23 and will continue to do so in 2023-24 as the programme gains momentum. Examples of successes from 2022-23 includes that which occurred in December 2022, when we held one of our Multi-Agency Discharge Events (MADE) where teams from across the system and from different medical wards worked together to help reduce delays to patient care and increase the number of discharges. Successes from the week included improvements in wards completing all their take home medication orders by 11am to support timely discharge, and on some days, more patients being discharged than admitted despite escalating demand. Patients delayed for discharge more than three days was reduced from 168 to 122 in the first four days. Our plan for 2023-24 includes a number of these events to ensure that we have flow through the system when we need it.

EDM is central to the delivery of our strategic objectives and operational plans for 2023-24. A reduced length of stay will ensure that we can reduce the number of escalation areas that are open across the Trust. This, in turn, helps to reduce the cost of agency and temporary staffing. Reducing the length of stay frees up bed capacity on our admission wards which support the flow of patients through our Emergency Departments and assessment areas. It also frees up capacity to ensure that elective care patients have beds following their operations and procedures thus improving the efficiency of our elective services. This, in turn, allows FHFT to reduce our waiting list backlog. All of which helps to provide a better quality of service and improve overall patient experience. Delivery of a reduced length of stay through EDM is master key to allow us to deliver our plans for 2023-24.



Why every day matters



Figure 8: Every-Day Matters overview

Whilst successful achievement of our EDM programme requires the input and support of multiple agencies across our system, there is much that FHFT can do internally to improve length of stay through EDM; some of the key actions are outlined in the 'Key actions/deliverables for 2023-24' section below.

Key actions/deliverables for 2023/24

- **Development of Dashboards with relevant information to support flow.** These dashboards will enable ward teams and FHFT leadership to monitor performance and deploy countermeasures where necessary.
- **Establish quality board rounds which are consistent across the relevant wards to support discharge. Key principles of quality board rounds have been included below:**
 - Attended by senior nurses, doctors, therapies, discharge coordinators and pharmacists
 - Epic is used to discuss patients, updates are added during the round and there's no paper – notes or actions are captured directly into Epic
 - Patients are discussed as follows: sickest > ready for discharge > everyone else
 - EDDs are updated, criteria to reside is noted (twice daily where possible), TTOs are actioned/questioned, red and green days are reviewed, suitability for discharge lounge discussed, transport questioned and actioned
 - The person leading the round then provides a summary of key points, calling the meeting to a finish on time, with issues escalated or resolved and patients updated on their 'going home plans'
 - Patients are then seen on the ward round as follows: sickest > ready for discharge > everyone else
- **All patients will have an up-to-date estimated date of discharge (EDD). The principles governing work on EDDs are as follows:**
 - All patients are given an estimated date of discharge (EDD) on admission, which is entered into Epic
 - This is reviewed daily during the ward/board rounds – and updated in Epic if necessary
 - Patients know when they should be discharged and are planning for this event with support from our teams, relevant external partners, family and carers
 - Patient next of Kins are aware of when patients should be discharged and are supporting them in preparing for this
- **Timely delivery of TTOs for patients.** For this to happen our teams will ensure that; the patients' charts are reviewed and updated, the orders are set and signed early. The current metric that we are using to measure this is the % of TTOs received by the ward before 11am on the day of discharge. This will be reviewed in year and the teams may be asked to get TTOs to the ward the day before discharge.
- **Other Actions Supporting Flow and Timely Discharge of Patients**

- Development of a ward engagement plan to support EDM and discharge process.
- Continuation and re-launch of the Ward Buddy project
- Continued focus on Fit to Sit and use of discharge lounge for patients
- Establishment of criteria-led discharge task and finish group including nursing and therapies
- Further Multi-Agency Discharge Events (MADE) events planned for the year

Clinical Site Management, Discharge and Flow

The remaining elements of our Urgent and Emergency Care plan concern effective Clinical site management alongside the key actions required to support effective discharge and flow. FHFT has a well-defined and widely understood escalation policy that helps to guide the teams as to which areas of the hospitals they can escalate into if ED activity and subsequent admissions are high. This will be continually reviewed and updated to ensure it matches the most up to date forecasts for demand and capacity. The site team will also hold a multiorganizational long length of stay meeting to discuss all patients with a length of stay of over 21 days or those patients with no criteria to reside who have a length of stay of over 14 days.

Governance arrangements:

The governance arrangements will link through the Every-Day Matters Programme group. The Trust also has its own Urgent and Emergency Care Board. There will be a clear link to the ICS Urgent and Emergency Care Board which is co-chaired by the FHFT Chief Operating Officer and the Director of Delivery from the ICB. Many of the relevant partners and stakeholders attend this board and there should be an element of accountability from system partners for those issues which are beyond the control of FHFT as an individual organisation.



4.4. Strategic Ambition: 'Transforming our services'

Our 5-year overarching objective is 'To provide consistently excellent care as 'One Frimley Health'. Our objective for 2023/24 is **to Improve access to elective care.**

We will measure our performance against this objective using the following 4 metrics:

Metric 1: Eliminate 65 week waits by March 2024.

Metric 2: Improve theatre utilisation to at least 85%

Metric 3: Achieve 85% Day Case target

Metric 4: Reduce Outpatient follow-ups by 25%

There is an overall expectation in that achieving Metric 1 this will also support the Trust with reducing its overall RTT waiting list size and the number of patients waiting over 52 weeks for treatment.

Metric 1: Eliminate 65 week waits by March 2024

As highlighted in previous sections, the 2023-24 planning guidance has made it clear there is an overall aim to eliminate patients waiting over 65 weeks for treatment by March 2024 alongside delivery of the system-specific activity target which has been agreed through our planning process. Furthermore, the expectation is that this will be supplemented by an increase in the percentage of patients who receive a diagnostic test within six weeks to 95% by March 2025.

The Trust has worked hard to reduce the volume of patients waiting over 78 weeks by March 2023 as per the expectation for 2022-23. The Trust is continuing to work down its waiting list over the next financial year in line with this ambition. This will also be supplemented by continuation of our data quality validation within Epic and greater optimisation of the use of Epic to support pathway management which should further enhance opportunities to reduce the waiting list volume overall.

Our plan for the next year in terms of RTT validation and focus is as follows:

RTT Focus Plan for 2023-24

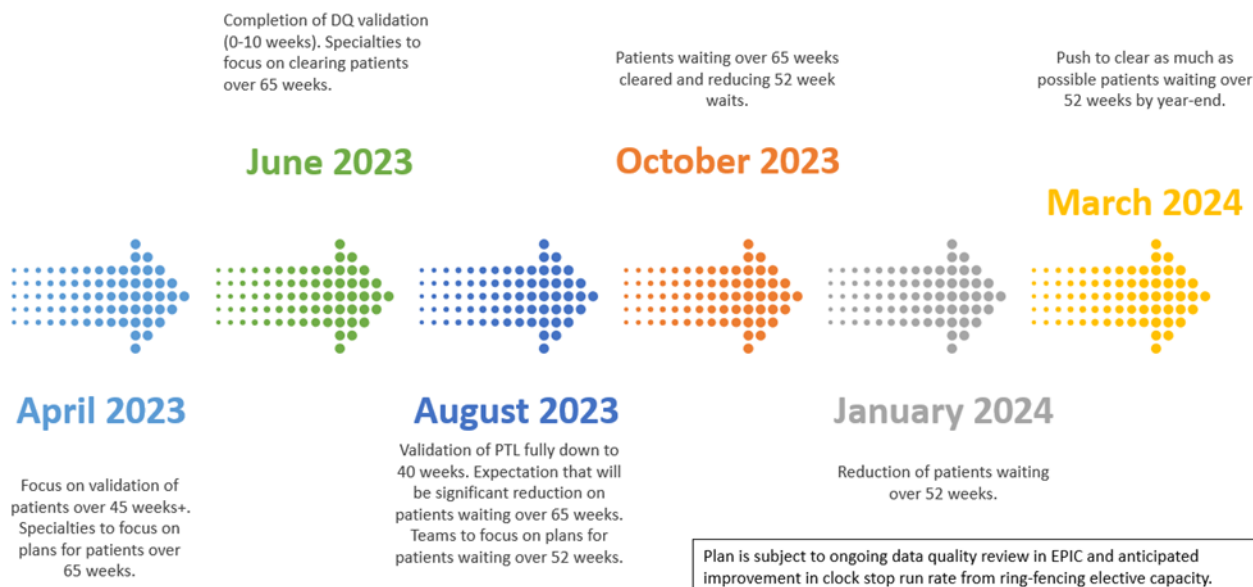


Figure 9: Summary of RTT Plan for 2023-24

Key actions/deliverables for 2023/24

- Continue with ongoing validation of RTT waiting list to ensure that list is clean and fully validated as quickly as possible – current insource of validation support through Q1 will provide with oversight of this.
- Work with Epic to develop tools to support waiting list management and optimisation of clock stops – currently being develop.
- Use of Independent Sector Providers for certain cohorts of our waiting list work e.g., T&O.
- Engage with in-source providers to support with specialties with demand and capacity risks – Neurology and ENT.
- Clinic template reviews underway to ensure productivity is matched to pre-Epic levels and benchmarked against national GIRFT standards.
- Focus on Outpatient productivity – working with Epic team to develop monitoring reports and directorates where utilisation in terms of room usage and cancellations are highlighted to reduce volume of dropped or underutilised sessions.
- Use of mega clinics and mega WLs across weekends which will improve theatre and clinic utilisation as we standardise the patients assigned to each clinic and list.
- Consolidation of key specialties to support the increased use of one-stop clinics e.g. Urology.
- Working with ICS partners to increase the provision of community and intermediate services such as Pain and Dermatology.

Governance and monitoring

The governance will comprise the Directorate Performance Reviews to ensure that each of our executive team has a clear sight of performance at Directorate level. At a Trust level, performance against these key targets will be monitored through the Trust's Planned Care Board which meets fortnightly, and through our Elective Recovery Report which is submitted to the Board on a monthly basis. The work on each of the objectives will go through our SIG to ensure that the FHFT executives have oversight and assurance of performance against the strategy objectives for the year.

Outside of the Trust, FHFT will link closely with ICS partners on this issue through the ICS Elective Steering Group.

| Key Risk/Issues | Detail | Impact | Mitigation |
|---|---|-------------|--|
| Current demand and capacity does not match. | Volume of clock stops does not exceed clock starts per week – particularly acute in specialties like Dermatology and T&O. This will be further impaired this year by RACC plank recovery. | Medium Risk | Push to increase clock stop activity through shifting follow up capacity to new patients. Heatherwood optimisation plan will also increase run rate for treatments. |
| Referral management/Advice and Guidance schemes do not deliver expected impact. | ICS schemes aimed to reduce referrals into Trust do not have desired impact and therefore does not reduce our demand for services. | Medium Risk | Working closely with ICS to plan and manage schemes appropriately. |
| Non-elective demand reduces capacity for elective treatment. | Current pressures on hospital due to unplanned care demand and Covid impacts impair our ability to fully maximise our elective programme. | High Risk | COO is closely managing both elective and non-elective programmes to balance impact with close links to wider system. Optimisation of Heatherwood should support elective activity continuing when capacity is challenged on main acute sites. |
| Finance | Annual plan unaffordable at national level leading to reduction in activity – particularly of insourced independent sector capacity. | High Risk | Establish early which services would be reduced and model impact of each as decision support. |

Table 5

Improve Theatre Utilisation to at least 85%

In line with the national expectation the Trust is working to improve its utilisation of Theatres to at least 85%, this is capturing in-session utilisation in terms of operating time used. This is built upon some of the work that has been taking place nationally with GIRFT around theatre productivity and HVLC elective hubs.

As a Trust, we are working with Epic to establish reporting on theatre utilisation as a key aim which is being led by the Theatres Directorate and Subodh Tote as Chief of Service. Reporting from Theatres is now being developed and should be reportable consistently during Q1 of 2023/24. Theatre utilisation is currently being captured manually by the theatres team and being used to drive conversations around opportunities to improve utilisation.

Theatre utilisation has been hampered during 2022-23 by the challenges of elective pathways on the acute sites when under pressure for beds which has resulted in delays with theatres starting on time and changes to lists which has resulted in short-notice cancellations which has also reduced utilisation. Furthermore, the introduction of Epic did cause a reduction in activity and productivity in the aftermath of go-live, however this has improved as all teams have become accustomed to utilising the system.

The steps to improve theatre utilisation are:

- Build up a consistent level of reporting within the Op-Time module within Epic so Theatre utilisation can be systematically tracked at a surgeon, theatre, specialty, site and eventually Trust level.
- Continue to optimise the use of Heatherwood as an elective centre to drive high productivity and utilisation of theatres – both in terms of in-session utilisation and reduction of dropped theatre lists.
- Fully establish 6-4-2 principles within our Theatre scheduling and planning through using Epic functionality.
- Work with surgical teams to identify root causes reducing theatre utilisation.

Theatre utilisation will be monitored through the Trust's Theatre Management Group (TMG) which will report into the Trust's Planned Care Board.

Achieve 85% Day Case Target

In line with the national expectation, the Trust is working to improve its day case rate to 85% as a proportion of overall theatre activity. There is an expectation nationally, in line with the work that has been done through GIRFT and HVLC, that a higher proportion of theatre activity can now be carried out as day case activity with patients being discharged on the same day as their elective procedure.

The Trust has been monitoring its theatre activity manually through the Epic go-live, and tracking high level activity but has been working to establish more granular baselines in terms of performance through improving our capture, counting and coding of activity. This is now beginning to yield results and we will in Q1 achieve successful submission of our Commissioning Data Set (CDS) which will enable us to track and monitor the volume of day case activity which is being carried out through our theatres on an ongoing basis.

As a Trust, we are heavily engaged with GIRFT, and FHFT has had over 25 clinical GIRFT visits to date with a further visit to Heatherwood Hospital planned in June 2023, as well as submission for Heatherwood as a GIRFT elective centre. A multi-disciplinary, day surgery working group chaired by our GIRFT day surgery lead was established in June 2021 with clinical representation from the key specialities. The group continues to work towards increasing our day case rates and increasing theatre productivity and efficiency and has already seen notable improvements in reducing our LoS for procedures at Heatherwood which will have scope to improve day case uptake as we progress through the year.

The Trust's Day Case rate will be monitored through the Trust's Theatre Management Group (TMG) which will ultimately report into the Trust's Planned Care Board.

Reduce Outpatient Follow Ups by 25%

The Trust also has a significant ask to reduce its volume and proportion of Outpatient activity which is seen as a follow up appointment. The requirement is to reduce this by 25% by March 2024. This follows on from a previous expectation to reduce activity by a similar proportion in 2022/23 which has proved challenging given the ongoing challenges with recording activity within Epic.

As a Trust, we anticipate that we will have corrected the CDS through Q1 of 2023/24, to enable us to have an accurate baseline by which we can monitor our proportion of follow ups against our overall outpatient activity levels. The Trust is now working with directorates to review clinic templates helping to identify how they can be enhanced to increase the proportion of new patients coming into clinic rather than follow up appointments. However, this will not be the case for all specialties, and the Trust will be seeking scope to increase this in certain areas as opposed to others, where it would not be clinically appropriate to reduce follow up rates. Any work on this will be adequately benchmarked against national standards e.g. GIRFT.

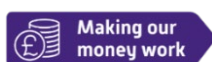
The Trust is also developing new pathways for Outpatient transformation and exploring opportunities to reduce unnecessary attendances for patients. Continuing on from the work carried out in 2022-23, one of these pathways involves Patient Initiated Follow Up (PIFU). The continued improvement in this initiative will be monitored against separately. The work has been led by our ICS transformation team who have been working with Epic and the clinical teams to develop the functionality within Epic to enrol patients onto PIFU via the My Frimley Health app. This app also increases opportunities for patients to receive their follow up results direct onto the app rather than being brought back for a face-to-face clinic which is unnecessary. This is a more patient-centred approach as it allows the patient to drive the follow up activity if they feel it is necessary for them as an individual. It is also more efficient and avoids a blanket approach to treating our patients whose pathway to recovery is different from person to person.

The steps to reduce follow up activity are:

- Build up a consistent level of reporting within Epic to monitor clinic schedules and utilisation of slots.
- Complete the Template review within Epic specialties by end of Q1 so all specialties have had templates built which conform with the new expectations regarding PIFU impact and increasing new patients.

- Develop use of the MFH app through EPR programme.
- Continue to embed the use of PIFU as part of our clinical practice.

Outpatient Follow Up activity will be tracked through the Trust's Planned Care Board with specific items regarding reporting and transformation will also be tracked there to ensure delivery.



4.5. 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 2022/23 we will need to refocus our energies from efficiency within a pandemic to efficiency transitioning out of pandemic. Our objective for 2022-23 is to **develop a 3-year plan and deliver the year 1 milestones for 2023-24.**

Performance against this objective will be measured using the following metrics:

Metric 1: Achieve the CIP efficiency target of £33.3m for 2023-24

Metric 2: Achieve our planned year-end position

The task is challenging and ambitious as, like all Trusts, Frimley Health NHS FT is being challenged to recover productivity to pre-pandemic levels and reduce our waiting list backlogs.

This is expected to be met by delivering transformational efficiency programmes equating to around 3.4% of expenditure. We will manage variable pay costs as a proportion of total costs over time demonstrating most effective use of skill mix, staffing and system wide transformational change. There are also plans to reduce usage of high-cost agency workforce to a minimal level with a target set and monitored monthly. Other enabling factors will be reducing the Length of Stay for patients which will help reduce the number of escalation beds and improve flow through our A&E departments.

Following the inception in 2022/23 of ICBs 2023/24 sees the continuation the financial frameworks which are characterised by fixed envelope funding allocations held at system level. All health investment will need to be prioritised with our ICB partners in the context of a 3-year strategic financial view which considers the following future impactors:

- Frimley Hospital rebuild: We will need to replace the RAAC planks at Frimley and continue to develop options for approval with DoH, this will entail a large capital programme of decanting and potential reconfiguration to facilitate an agreed best future solution
- Community Diagnostic Centres
- Heatherwood Hospital: our state-of-the-art elective centre opened in March 2022 and is designed to ensure maximum efficiency and outcomes for NHS patients whilst generating space for growing private patients, repatriating activity from outside ICB areas and allowing Frimley and Wexham to better deal with non-elective demands. Alongside the reduction of our length of stay, maximising the potential of Heatherwood Hospital is a core part of our plans for 2023-24
- Electronic Patient Record: Epic went live in June 2022 and the transformational benefits will be harnessed through the medium period. The implementation is currently in a stabilisation phase which will shortly move to optimisation through 2023-24.
- Private Patients: as well as being a core part of the Heatherwood build the concentration of optimal efficiency elective work at Heatherwood will enable the expansion of PPU activity at Frimley which has previously been capacity constrained.
- Commercial Income: We will also pursue opportunities relating to research income and explore further partnership opportunities to create synergies or generate income including commercial income. This will help FHFT prioritise commercial work in line with National Institute for Health Research guidance.

Revenue Plans 2023/24

Table 6 (below) shows the FHFT revenue plan for 2023/24 which was submitted on 30th March 2023. As the system is still in discussion with NHSE regarding the overall system deficit this plan should be considered as draft until those discussions are concluded with a final submission scheduled for the 4th May.

- Funding envelopes for 2023/24 have been set at a system level and communicated through ICBs.
- 2023-24 sees a return to payment by results for most elective activity whilst non-elective remains on block funding arrangements.
- The trust is required to deliver an average of 103% of elective activity based upon the 2019-20 baseline. The phasing of activity recognises that the Trust starts the year at approx. 98% of target but rising throughout the summer before falling back during Q4 due to winter pressures.
- The Trust has followed a comprehensive approach to planning with engagement across all directorates and triangulation of plans with activity, bed demand, workforce and performance.
- Initial budgets were issued based upon 2022-23 substantive budgets with additional unavoidable existing cost pressures.
- Overlaid against these have been cost efficiencies of £33.3m which have been split between transformational and directorate schemes. Approximately £32.0m of schemes have been identified and signed off by the PMO and work is continuing to identify further opportunities. Efficiency schemes are support by project initiation documents (PIDs) and subject to a rigorous sign-off process.
- Challenges within the plan include unfunded prices rises such as CNST (£9.5m) and the ending of free PPE (£2.7m). Additionally, the impact of RAAC on activity at the Frimley Park Hospital site will require capital investment to convert areas at the Heatherwood site.
- Further revisions will be required to reflect any additional stretch targets agreed with the ICB following meetings between the system and NHSE towards the end of April.

Table 6 – Revenue Plan

| | Income £m | Cost £m | Total £m |
|---|--------------|----------------|----------------|
| M11 Forecast | 956.2 | (956.2) | 0.0 |
| Non Recurrent | | | |
| Non Recurrent Gains | (1.3) | (1.7) | (3.0) |
| Non Recurrent CIP | (0.5) | (10.2) | (10.7) |
| Land Sale 22/23 | (17.4) | | (17.4) |
| EPR Non Recurrent | (3.5) | 3.5 | 0.0 |
| Vacancies | | (7.6) | (7.6) |
| Commisioner Non Recurrent | (71.4) | 0.7 | (70.7) |
| Non Recurrent Projects | (3.0) | 3.0 | 0.0 |
| Covid In Envelope Reductions | | 5.5 | 5.5 |
| Lighthouse | (2.5) | 2.1 | (0.4) |
| Covid Out of Envelope Reductions | (3.9) | 3.9 | 0.0 |
| Underlying Position | 852.7 | (957.0) | (104.3) |
| 23/24 | | | |
| National Insurance saving | (2.5) | 2.5 | 0.0 |
| Additional Activity 23/24 | 27.8 | (10.0) | 17.8 |
| CNST Additional Premium | | (9.2) | (9.2) |
| Changes in financing | 1.5 | (1.9) | (0.4) |
| Land Sale 23/24 | 16.7 | | 16.7 |
| Investments in Quality | | (0.3) | (0.3) |
| HR Recruitment | 1.0 | (1.6) | (0.6) |
| Contingency | | (4.5) | (4.5) |
| Other Commissioner | 28.0 | (0.7) | 27.3 |
| Efficiencies | 3.2 | 30.1 | 33.3 |
| Additional Stretch (30th March submission) | 8.3 | 6.7 | 15.0 |
| Inflation | 14.7 | (23.0) | (8.3) |
| 23/24 Draft Budget | 951.4 | (968.9) | (17.5) |

This draft budget was agreed with ICS colleagues and submitted to NHSE on 30th March. Due to a remaining system deficit, there will be further discussions between the ICB and NHSE with final submissions due on 4th May. The current version of the budget is therefore not final and subject to changes to be agreed between the Trust and ICB.

The main risks presenting in 2023/34 will be:

- Ability to deliver the increased elective activity within budgeted cost envelopes
- Length of Stay reductions are not achieved, with consequential impact on escalation bed requirements and costs
- Reduction of agency costs is largely driven by the Trust's ability to recruit substantive staff
- The plan assumes the Trust is able to accurately report its elective activity from April
- Achievement of capital plan dependent on some quick decision making on schemes such as M-block and operational capacity to withstand disruption caused by works
- Further efficiencies may be required to help close the system financial gap for 2023/24.

Capital Plans 2023/24

Frimley ICB received a three-year capital expenditure plan in 2022-23 covering financial years from 2022-23 to 2024-25. The key highlights for the 2023-24 plan are:

- 2023-24 is the second of a three-year capital expenditure allocation notified by NHSE
- The budget for 2023-24 now includes an additional allowance of £20.7m for M Block as part of the £21.0m indicated TIF funding* available which is subject to NHSE approval.
- Projected spend for M Block in 2023-24 is still being finalised but expected to be in excess of £30.0m

- £7.6m of EPR was brought forward into 2022-23 but this still only leaves £10.9m for remaining estate programme (excluding RAAC)
- Approximately half of this is contractually committed with the remaining balance to be consumed with non-service need 'must haves' for essential maintenance, H&S, security and sustainability works
- RAAC funding of £5m available for failsafe works in 23/24 and programme approved with the national RAAC team
- Main priorities for the Digital Services spend include LAN refresh, Office365 rollout, Epic optimisation, hardware replacement, VNA and Cyber
- Committed spend against the medical equipment budget include the cardiac cath lab replacements at Frimley Park and Interventional Radiology kit at Wexham Park. Medical Equipment replacement plan ongoing with focus on site standardisation, scopes, anaesthetic machines, theatre stacks and patient monitoring systems
- Funding, and associated expenditure, for the Frimley Park redevelopment has been excluded from the current capital plan as is subject to approval on the NHP
- Other national programme funding, including Community Diagnostic Centres, have been excluded as subject to business case approval

Table 7: Capital Funding Plans

| | 23/24 | | |
|---|---------------------------|---------------|---------------|
| Scheme: | £000 | £000 | £000 |
| | Plan (as submitted 22/23) | Revised Plan | variance |
| Provider Operational Capital Allocation | 39,259 | 39,259 | 0 |
| M Block (TIF funding) | | 20,675 | 20,675 |
| Total Capital Allocation | 39,259 | 59,934 | 20,675 |
| Estates: | | | 0 |
| RAAC (ringfenced) | 5,000 | 5,000 | 0 |
| Site programmes | 16,645 | 10,934 | (5,711) |
| M Block | 0 | 34,000 | 34,000 |
| Total Estates | 21,645 | 49,934 | 28,289 |
| Digital services | 5,000 | 5,000 | 0 |
| EPR | 7,614 | 0 | (7,614) |
| Medical Equipment | 5,000 | 5,000 | 0 |
| Total Capital Expenditure | 39,259 | 59,934 | 20,675 |

***TIF schemes** - The government Spending Review committed £1.5bn of capital to support elective recovery in the NHS: £700m in 2022/23, £500m in 2023/24, and £300m in 2024/25. This is available for projects above £15m that have a transformative impact on elective recovery.

In addition to capital costs, revenue costs will need to be considered and will be subject to regional/national approval as well as Trust governance.

Efficiency Plans 2023/24

The Trust is currently planning to deliver £33.3m of efficiency savings in 2023/24. This target may rise as the system is still in discussion with the regulator to agree the financial plans for the new financial year which may result in further stretch targets for the Trust.

So far just under £32.0m (95% of target) of schemes have been identified with a risk adjusted value of £26.2m (79% of target). These schemes are a mixture of Directorate and Transformational which have assigned Senior Responsible

Officers (SROs) are underpinned by Project Initiation Documents (PIDs) and Quality Impact Assessments with senior Executive involvement.

Overall leadership will be through a triumvirate approach via the Chief Operating Officer, Director of Finance and AD of Efficiency PMO via a monthly Transformation Board meeting which will hold directorates to account for delivery of their schemes, including the review of the key risks to delivery and identification of actions to mitigate any risks.

Monthly individual directorate meetings will be held with the Executive to ensure Directorate plans are on track.

Financial Monitoring and Governance 2023/24

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

As well as monthly Departmental Finance Reviews (DFRs) there are also Exec led Directorate Performance Reviews (DPR) scheduled within the organisation throughout the year where financial performance is part of the review. These are presented by Associate Directors to the Executive Team. Efficiency scrutiny and accountability will be delivered by a monthly 'Efficiency Programme Board'.

To deepen financial awareness and accountability the Trust is also planning to roll out financial training for all budget holders and to introduce a Directorate Financial Framework to ensure that Directorates remain within agreed budgets and provide early warning and recovery plans should cost pressures arise.

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

4.6. Strategic Ambition 'Advancing our Digital Capability'

Digital will be critical as an underpinning function to enable the Trust to deliver the highest quality care as efficiently as possible. Following the successful deployment of the Trust's Epic EPR in June 2022, and subsequent stabilisation period, the focus in 2023/4 will move to optimising the system and embedding digital as core to both the operational functioning of the Trust, and the way our patients engage with us.

The EPR business case set out a range of financial and operational benefits through deployment of Epic, based on wider international and NHS experience. The focus in the coming year will be on achieving these benefits, alongside a wider focus on digital skills in the Trust workforce, and digitising processes beyond the EPR (e.g. corporate systems)

Metric 1: % of total EPR benefit outlined in business case achieved.

Metric 2: Financial value of EPR benefits outlined in business case achieved.

Metric 3: Reduction in harm events due to improvement in medication errors

Metric 4: Demonstrable benefit derived through patients self managing health with the support of the My Frimley Health App



Delivering the benefits of our Electronic Patient Record

FHFT is in a strong position to drive a substantial range of benefits clinically and operationally through an ongoing programme of optimisation of the Epic EPR. Following go live in June 2022, there has been a period of stabilisation to support adoption of the system, addressing any issues identified and supporting clinical colleagues through changed workflows and suggested enhancements. As the Trust completes stabilisation and moves into an ongoing programme

of optimisation, it provides an opportunity to explore additional functionality from Epic, bring additional clinical services online and further reduce reliance on legacy systems.

FHFT has an opportunity to leverage Epic's mature client base both in the UK and internationally in partnership to deliver further benefit to the Trust, beyond that set out in the original EPR business case. The ongoing period of optimisation of the EPR will give the Trust the opportunity to partner with Epic and to adopt best practice, further enhancing the Trust's digital maturity, and driving real improvements to services through more efficient digital workflows.

The period of optimisation will be key to the Trust deriving the maximum value from its investment in Epic. A clear optimisation plan will be set out, with measurable benefits attributable to the transformation achieved with digital support. An appropriate governance structure is being created to oversee the optimisation process and associated benefits delivery, which will require clinical and operational leadership with close support from both the Trust's Digital team and Epic. This will be closely linked to the programme of work to oversee Epic benefits delivery – many of which require operational transformation to deliver clinical and efficiency improvements.

A benefits realisation group will be created to drive forward these transformational changes – this group will be accountable for those benefits outlined in the EPR business case, and cover a range of clinical and operational improvements, as set out in the original case. The EPR is an important enabler to allow the Trust to realise its strategic ambitions and as such underpins many other elements of the wider Operational plan.

Digital Services will work closely with Clinical and Operational teams to ensure we are developing the system and supporting the users to enable the system to be embedded successfully and to drive our additional cash releasing benefits. We will do this by continuing to develop relationships and methodologies used throughout the implementation, for example, using subject matter experts from across the organisation to lead working and advisory groups who will work side-by-side with our analyst teams to optimise workflows and enhance staff and patient experience.

Optimisation will be driven by a number of factors, but considerations will be given to elements which were not able to be completed prior to go live, elements whereby, in retrospect the workflow could operate more efficiently if the system was designed in a different way and finally, requests coming through as knowledge and understanding of the system increases.

An important principle of the optimisation process is that it will not be led by the EPR team but managed in partnership with clinical and operational leads. Prioritisation of requests for enhancements, programmes of work to deliver digitally enabled change, and allocation of EPR team and Epic resources will be governed by wider Trust priorities to ensure the investment in EPR supports the wider Trust strategy and objectives. The EPR Programme Board and Clinical Operational Steering Group will provide this governance function and oversight of the ongoing programme of optimisation.

Digital Strategy

Throughout late 2022 and early 2023 the digital team has been engaging with key stakeholders to gather thoughts on the strategic direction of the Trust's digital investments and systems. A first draft of the new 5-year strategy will be submitted to formal Trust committees for approval in May 2023. This strategy has core themes around:

- Building the digital confidence and competence of the Trust's workforce
- Collaborating with partners across the system to share data and smooth workflows and patient pathways
- Enabling patients and carers to proactively manage their care and interactions with the Trust via digital toolsets

This clearly links closely to the optimisation work outlined above, and delivery of the strategic objectives will be managed via the same governance framework.

It is important to recognise that the successful realisation of the EPR benefits relies heavily on a robust underlying digital infrastructure in the Trust, which will require an ongoing programme of investment to develop and maintain. The EPR programme has enabled the retirement and decommissioning of a range of legacy systems – which also facilitates the removal of older technologies from the Trust. It will be important for the Trust to both remove the legacy infrastructure, but also invest in ensuring our core infrastructure remains up to date, supported, and with appropriate cyber security protection in place. This will require an annual plan of works, to support the digital strategy, with sufficient capital investment allocated to address the replacement of end-of-life hardware and software.

A further focus on adoption of Office 365 technology to replace ‘home’ and ‘shared folders’ with OneDrive and SharePoint respectively will enable staff to work more collaboratively and reduce the burden on e-mail attachments. It also aligns with the Trusts Cloud First strategy and will enable the decommissioning of legacy storage infrastructure. A project to deliver this is underway, which will transform the way Trust staff work with standard Office applications and collaborate on shared work.

The Trusts digital footprint is best thought of as a pyramid – with the core physical infrastructure at the bottom – playing a key role in supporting the Trust’s portfolio of clinical and corporate applications, which in turn then support the provision of key data, reports and dashboards to support the operational management of the Trust. This illustrates the importance of maintaining a robust, up to date and well supported digital infrastructure as the building block to support the Trust’s digital strategy:

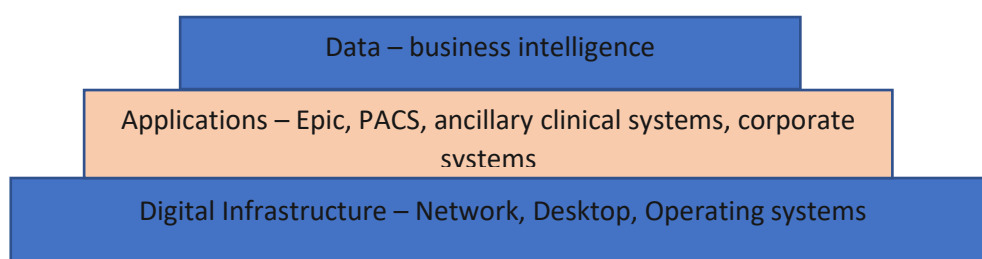


Figure 9: Pyramid of Digital Strategy

An ongoing programme of investment funded from the Trust capital programme ensures that the infrastructure tier is maintained to an appropriate standard, and ensures the clinical operations of the Trust are supported appropriately to deliver high quality care.

| Other key IT projects in 2023/24 include: |
|---|
| <ul style="list-style-type: none"> • Delivery of a report on consolidated medical imaging, and a programme of work to rationalise imaging solutions (potentially into one Vendor Neutral Archive) |
| <ul style="list-style-type: none"> • Building upon the implementation of the 24/7 service desk, OOH on call rotas and further development of a high quality support function to include a new IT Service Management tool |
| <ul style="list-style-type: none"> • Replacement of out of support network switch infrastructure across all Trust sites • Replacement of Finance and procurement systems Autumn '23 |
| <ul style="list-style-type: none"> • Completion of migrations to the cloud, and the decommissioning of on-premise solutions |
| <ul style="list-style-type: none"> • Decommissioning of legacy systems and hardware post Epic go-live – including the secure storage of clinical data extracted from legacy systems |

Table 8

5. Operational Plan & Delivery Governance Overview

Our governance structure, outlined below, continues to ensure that there is strategic and operational alignment and clarity within the organisation. A key element of our governance structure is that it flows throughout the organisation with a vision and support provided from the top, coupled with meaningful and impactful operational input from the directorates, teams and individuals within the Trust.

Strategy Implementation Group – Supporting Governance

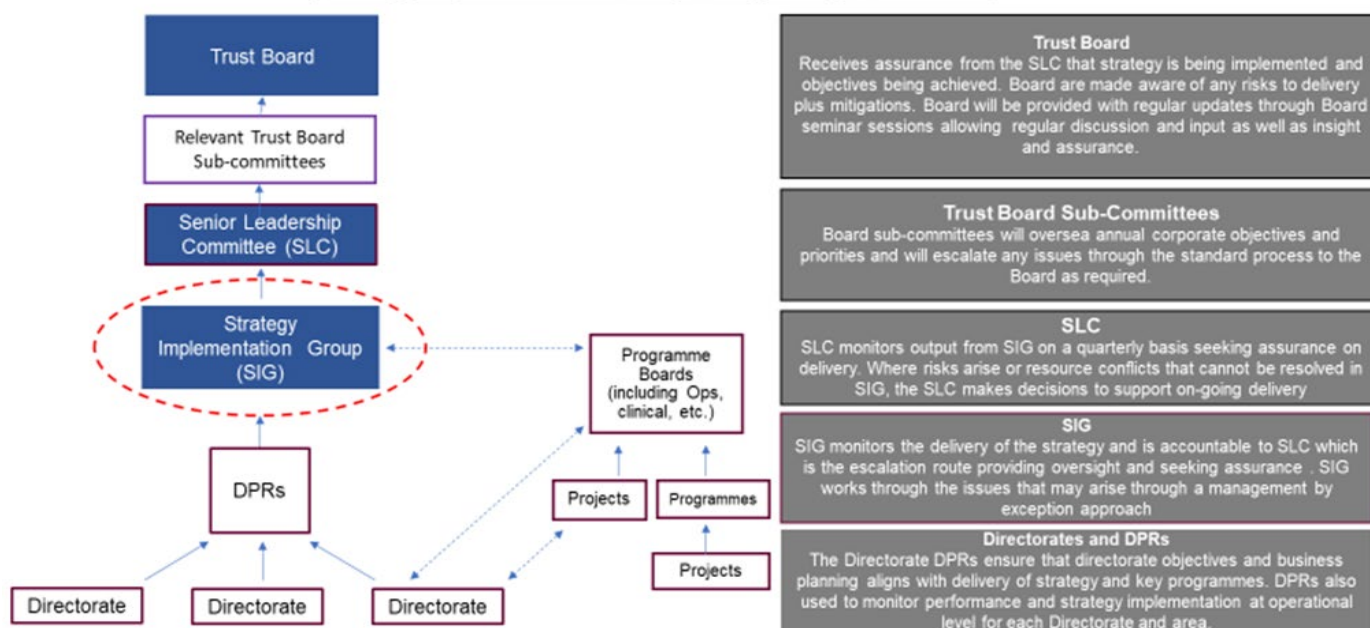


Figure 10: Strategy Governance Structure

The Trust will continue to implement our strategy and monitor the strategic objectives through the Strategy Implementation Group (SIG). This group is attended by our executive team and Chiefs of Service alongside a number of members of the corporate functions. This helps SIG to provide assurance on implementation, alignment and operational delivery to the Senior Leadership Committee (SLC) and on to the Board. The Board Assurance Framework (BAF) and the Corporate Risk Register (CRR) dovetails into the reporting structure and provides overall oversight and management of any key organisational risks. Further detail on our risk management process can be seen in section 4.8 below.

As in previous years, each strategic ambition has a lead executive director and each corporate objective for 2023-24 has an SRO and a delivery lead providing clear accountability. This is supported by a programme management approach and oversight with any applicable risks escalated to SIG, SLC and the Board as per the structure. Material risks will have mitigations and a management plan assigned to them.

It is critical that our Directorates and the teams play a central role in the delivery of our strategy, and that our strategic ambitions and objectives are embedded within the Directorate structures. Performance is monitored and managed through our regular Directorate Performance Reviews (DPRs).

6 Risk Management

It is critical for our organisation to understand the risks associated with the delivery of the key elements of this operational plan and our wider strategy. Our structure supports the management of risk related to the implementation of our strategy through the Board Assurance Framework where each strategic ambition and key programme is risk rated. Alongside each risk are the controls and necessary actions to mitigate them. We also have a strong directorate structure all of whom have helped us to develop our key strategic ambitions and objectives at directorate, team and individual level. Such an approach will ensure that the organisation has a clear set of objectives and is also aware of and manages the risks associated with the implementation of our organisational strategy.

Board Assurance Framework and Corporate Risk Register

The Board Assurance Framework (BAF) brings together in one place all of the relevant information on the risks which may threaten the achievement of the Board's strategic objectives. It enables the Board to:

- a) Identify the immediate and longer-term threats that may impede the successful delivery of the Trust's strategic goals;
- b) Receive assurance that the risks are being managed appropriately and the risk controls are effective;
- c) Challenge gaps in assurance and ensure that remedial actions are taken to strengthen controls and assurances;
- d) Focus on the severity of the risk and the appropriate mitigating actions;
- e) Review the strategic priorities and risk appetite level; and
- f) Consider potential threats and opportunities when setting the strategic direction of the organisation.

The BAF is the main mechanism for helping the Board to assess its resilience, avoid any pitfalls and secure a sustainable future for the organisation. The BAF is aligned with the Trust's Corporate Risk Register and the documents are considered alternately by the Board at public meetings. The Company Secretary is responsible for ensuring that the BAF is regularly reviewed and updated by Lead Executives. The Corporate Risk Register provides a Trust wide record of all high-level risks (scoring 12 or above). The Register is the principal tool the Trust uses to manage its identified risks (clinical and non-clinical), that may have an impact on the delivery of its aims and objectives. Risks that are unable to be managed locally are escalated onto the Corporate Risk Register and have an executive lead. The BAF risk process and the link with the Corporate Risk Register is described below.

Board Assurance Framework Risk Process

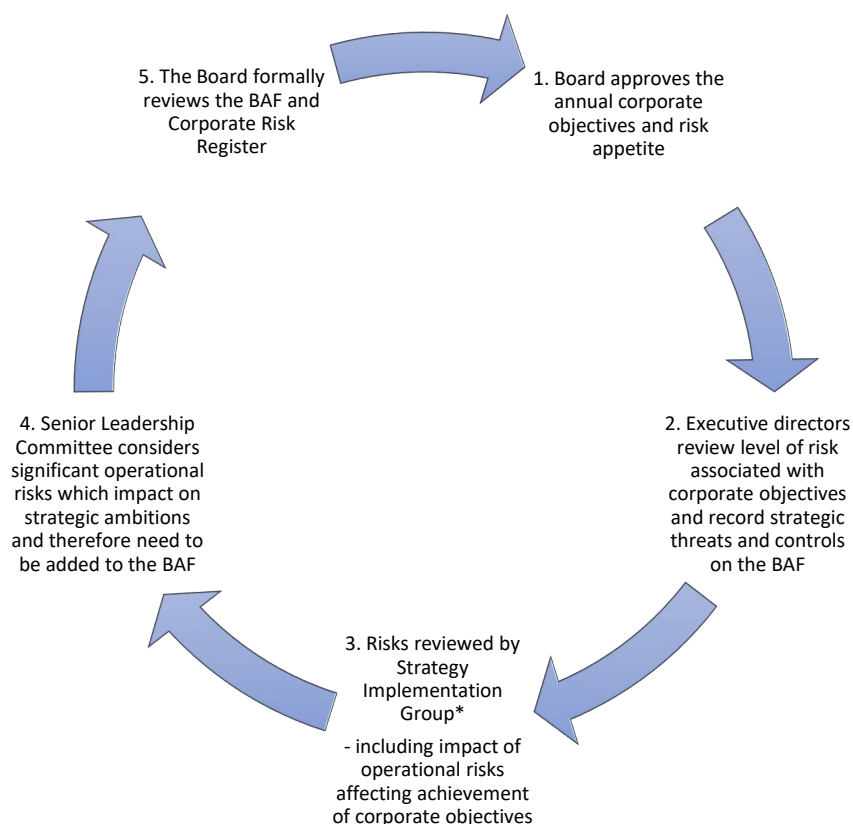


Figure 11: Board Assurance Risk Process

*The Strategy Implementation Group is responsible for ensuring the delivery of the Trust's strategy and is accountable to the Senior Leadership Committee.

7 Summary

As described within the plan, our 2023-24 strategic objectives are again ambitious and stretching but they drive us towards our vision to be a leader in health and wellbeing, delivering exceptional services for our local communities and will support us delivering our 5-year organisational strategy, *Our future FHFT; Our strategy for 2020-2025*’.

2023-24 will be a particularly challenging year but an exciting year as we continue to optimise the benefits for two key components of our strategy: our state-of-the-art Heatherwood Elective Centre and our new EPR system, Epic. Both of which have already delivered considerable improvements and benefits to our patients, our people, our partners and our communities. But there is more to be done as we recover our services and make Heatherwood one of the most efficient elective centres in the country and we move from stabilisation to optimisation of our EPR.

Successful delivery of our plans and our strategy objectives will only be achieved through the collective efforts of our people and teams. This is particularly true of our Every-Day Matters programme which is central to delivering our objectives and the key elements of our operating plan for 2023-24. It is essential that our people, at all levels of the organisation, understand how their day-to-day actions contribute to delivering our day-to-day plans and our overall strategy. Our communications and engagement strategy will provide clear and concise messaging so that our people are clear that this is their strategy delivering *Our future FHFT*. Also, as described within the document our robust governance structure and processes will ensure that our plans are aligned and that we address any gaps in capability and capacity to support delivery.

This operating plan outlines the key elements of delivery for 2023-24 to ensure that we continue to deliver each of our strategic ambitions as defined within our 5-year strategy, *Our future FHFT, Our Strategy for 2020-2025*.