Board of Directors Meeting in Public
Friday 3rd May 2024, 08:30-11:30
Boardroom Admin Block, Frimley Park Hospital

A G E N D A

Item		Lead	Action	Paper	Time
1.	Welcome and Introduction	Chair	-	Oral	08:30
2.	Apologies and Declarations of Interest	Chair	Declare	Oral	08:32
3.	VIP Awards	Chief Executive	Note	Oral	08:35
4.	Minutes of the previous meeting	Chair	Approve	Attached	08:45
5.	Action Log from the previous meeting	Chair	Note	Attached	08:47
Quality and Patient Safety					
6.	Patient Story	Chief Nurse	Note	Video Presentation	08:50
7.	Ward to Board: FHFT Mental Health Services	Chief Nurse	Note	Slide Presentation	09:00
Chief Executive Report and Strategy					
8.	Chief Executive's Report	Chief Executive	Note	Attached	09:30
9.	FHFT Operating Plan 2024/25	Chief Operating Officer/Chief Strategy Officer	Approve	Attached	09:40
Finance and Performance					
10.	Finance Report 　a) Month 12 　b) Financial Plan 2024/25	Chief Finance Officer	 Note Approve	 Attached Attached	10:00
11.	Performance Report	Executive Leads	Note	Attached	10:10
	Short Break (10:15-10:25)				
People					
12.	National Staff Survey Results	Chief People Officer	Assurance	Attached	10:25
13.	EDI – High Impact Actions	Chief People Officer	Assurance	Attached	10:35
14.	Freedom to Speak Up Report	Chief People Officer	Assurance	Attached	10:45
Governance and Compliance					
15.	SIRO Annual Report	Chief Finance Officer	Assurance	Attached	10:55

16.	Committee Terms of Reference	Chair	Approve	Attached	11:00
17.	Committee Reports: a) Charitable Funds – 11 March b) Finance and Investment – 29 February & 11 April c) People – 18 April d) Quality Assurance – 15 March	Committee Chairs	Assurance	Attached	11:05
Items for Noting					
18.	Board Registers of Interest	Chair	Compliance	Attached	
19.	Annual Board Cycle of Business	Chair	Note	Attached	
Other Business and Public Questions					
20.	Any Other Business	Chair	-	Oral	11:15
21.	Public Questions	Chair	-	Oral	11:20
	Date of Next Meeting: Friday 5th July 2024, 08:30 – 11:30 Lecture Theatre, John Lister Postgraduate Centre, Wexham Park Hospital				

Report Title	Minutes of the previous meeting
Meeting and Date	Public Board of Directors, Friday 3rd May 2024
Agenda Item	4.
Author and Executive Lead	Victoria Cooper, Acting Company Secretary Caroline Hutton, Interim Chief Executive
Executive Summary	The attached minutes records the items discussed at the Board of Directors meeting held in public on Friday 1st March 2024.
Action	The Board is asked to **APPROVE** the minutes as a correct record of the meeting.
Compliance	NHS Provider Licence; Standing Order 14.1

BOARD OF DIRECTORS MEETING IN PUBLIC

Friday 1st March 2024, 08:30-11:30

Lecture Theatre, John Lister Postgraduate Centre, Wexham Park Hospital

MINUTES OF MEETING

Members Present:

Bryan Ingleby	Trust Chair
Michael Baxter	Deputy Chair, Non-Executive Director
Dawn Kenson	Non-Executive Director
Gary McRae	Non-Executive Director
Mike O'Donovan	Non-Executive Director
John Weaver	Non-Executive Director
Jackie Westaway	Non-Executive Director
Neil Dardis	Chief Executive
James Clarke	Chief Strategy Officer
Caroline Hutton	Chief Operating Officer
Matt Joint	Chief People Officer
Kishamer Sidhu	Chief Financial Officer
Melanie van Limborgh	Chief of Nursing and Midwifery

In Attendance:

ViP Award Winners	Item 3 - see Appendix
Amy Corser-Johnson	Associate Director
Victoria Cooper	Acting Company Secretary
Carol Deans	Director of Communications and Engagement
Hannah Farmhouse	Assistant Company Secretary (Minutes)
Matthew Gardiner	Associate Medical Director for Research *(for item 4)*
Gareth Roberts	Chief of Service, Medicine *(deputising for Tim Ho)*
Swapna Thomas	Head of Research *(for item 4)*
Michael Ellis	Staff Governor: Heatherwood and Community Hospitals
Charles Fowles	Public Governor: Hart and East Hampshire
John Lindsay	Public Governor: Bracknell Forest and Wokingham
Sarah Peacey	Public Governor: Bracknell Forest and Wokingham (Lead Governor)
Samantha Rayner	Public Governor: Windsor and Maidenhead
Malcolm Treen	Public Governor: Hart and East Hampshire
Stuart Kemp	Member of the Public
Lawrence Tallon	Member of the Public

Apologies:

Tim Ho	Chief Medical Officer

1.	Welcome and Introduction

1.1 The Trust Chair opened the meeting and thanked the governors, Values in Practice (ViP) award winners and members of the public for attending the meeting.

1.2 Bryan Ingleby welcomed Melanie van Limborgh and James Clarke to their first Frimley Health Board meeting and recognised Dawn Kenson's, Mike O'Donovan's and Neil Dardis' last Board meeting.

1.3 The Trust had recruited 2 successors for the Non-Executive Director (NED) roles; John Lisle and Janet Rubin who would join the Board from 1st April 2024. Additionally, Na'eem Ahmed's term of office as an Associate NED was extended for a further year.

2. Apologies and Declarations of Interest

2.1 Apologies were noted as above.

2.2 There were no declarations of interest.

3. VIP Awards

3.1 Neil Dardis introduced the Values in Practice awards which recognised the work of Frimley Health staff. There were around 70-80 nominations received each month from staff, patients and members of the public. There were 3 winners selected for the March Board meeting, however one of the winners, Daniela Nedelcu, was unable to attend.

3.2 The first award was presented to the Paediatric Diabetes team for their commitment to delivering innovation to their patients, which led to a significant reduction in the HbA1c results cross site. The team also provided support to other services within the region, showcasing their excellent service. The citation highlighted Carolyn Hill's excellent leadership and the support given to the junior team on the Frimley site.

3.3 The second award was presented to Vera Gill-Wakatama, who joined Frimley Park as a staff nurse 26 years ago and worked her way up to a Senior Matron in Medicine. Vera represented all that was excellent about the organisation. Vera was nominated by a member of staff after she had provided support to another member of staff, who required assistance with a patient. Vera did not hesitate to stop and provide support, which in turn prevented a patient fall. Neil Dardis added that Vera was always visible to staff and patients, and that her colleagues referred to her as a 'ray of sunshine'

4. Ward to Board: Research and Innovation

4.1 The Trust Chair welcomed Matthew Gardiner, Associate Medical Director for Research. Matthew explained that the team was made up of 30 members of staff across the sites. The directorate was part of the CQC well-led framework of continuous learning and improvement but did not have its own CQC rating. The following key points were highlighted:

- Patient feedback indicated that service benefitted patients by providing access to new treatments. The service could be improved through expansion of the volume and range of research studies undertaken and increasing service user involvement.
- Staff feedback was that the directorate made a difference to patients and safe delivery of care within the Trust. Staff commented that the service could be improved through the provision of clinical space for research and improvements to communication and training. Vacancy and sickness absence rates were both around 6%.
- Areas with the highest performance were Ophthalmology, the Emergency Department (ED) and Maternity. The key areas requiring improvement in performance were commercial research, home-grown research and integration with the ICB.
- Activity peaked during the pandemic due to the large scale urgent public health studies, however the volume of work decreased after the pandemic, and when benchmarked against trusts of a similar size, Frimley Health was considered to be underperforming.
- The top 3 risks were the ability to generate sufficient income to cover the directorate establishment, lack of designated clinical space subsequently limiting studies and regulatory inspection.
- The leading strategic development would be the ability to sponsor research which would lead to home-grown projects.

4.2 Jackie Westaway asked what the barriers were for the service. There was historical challenge around the level of funding the Trust received, which stemmed from the merger. Matthew advised that

similarly sized trusts received around £3m of funding, whereas Frimley Health received around £750k per annum. He was hopeful that the new national funding mechanism would address the funding inequalities. Moving forward, funding would be allocated directly to directorates and departments, to increase clinical engagement and embed innovation through the organisation.

4.3 Mike O'Donovan queried whether the team had considered working off-site. Matthew Gardiner explained that elements such as admin could be moved offsite, however trials needed to take place in clinical areas with access to patients for up to 10 hours. The New Frimley Park Hospital was an exciting opportunity for the team.

4.4. Dawn Kenson highlighted the opportunities associated with working with the Integrated Care System. Matthew Gardiner said that there were opportunities to bridge the gap between primary and secondary care, which would benefit the patient pathway.

4.5 Linda Burke questioned whether nursing, allied health professionals and clinical education were included. Matthew Gardiner confirmed that they were all included, adding that historically principal investigations were led by consultants, but there was focus on moving away from that approach and embedding research and innovation into business as usual. Many staff had research within their job descriptions but did not have the capacity or opportunity to get involved.

4.6 Linda Burke asked whether Quality Improvement (QI) was covered by Research and Innovation. Matthew Gardiner explained that the definition of research was very specific and required ethically approved research. Although QI work fell under QI audits would often trigger areas of research.

4.7 Caroline Hutton emphasised raising the profile through communications, particularly on the projects and outcomes achieved by the team's work. Historically, the team did not send any communications out to the Trust, however an external website was now live and there was work ongoing on the intranet. The team intended to develop a mailing list and to send out regular bulletins for both patients and staff. There would also be monthly seminars for staff to join.

4.8 Neil Dardis and Caroline Hutton agreed that it was important that the team received the support they needed to increase focus on Research and Innovation as it was part of the Trust's strategy. The Board thanked the team for their work so far.

4.9 The Board **NOTED** the Ward to Board presentation.

5.	**Patient Story**

5.1 Melanie van Limborgh introduced the Patient Story which gave the Board the opportunity to understand what was important to patients and perceive things differently. The story was from Ebony, who was diagnosed with Placenta Previa at 7 months pregnant and was required to stay in hospital for the remainder of her pregnancy. Ebony mentioned the MAMAS helpline, which she believed may have saved her and her babies lives. She praised all staff she interacted with, who delivered care with a smile. Her only complaint was about the quality of the food.

5.2 Melanie van Limborgh explained that there had been developments and improvement works since Ebony's care. There had been a lot of focus on food and the Trust now offered a variety of options, flexibility on mealtimes for pregnant women and installed vending machines. Nutrition was one of the Trust's Quality Indicators for 2024/2025.

5.3 Linda Burke advised that on the last 2 GEMBA walks she participated in patients' feedback on the food which was very positive. She queried what languages were accessible on the MAMAS helpline. Melanie

van Limborgh advised that there were different options, and she would follow up offline with confirmation.

5.4 Dawn Kenson commented that it was important to celebrate the reference to staff kindness in the patient story.

5.5 The Board **NOTED** the Patient Story.

6.	Minutes of the previous meeting

6.1 The Board **APPROVED** the minutes of the meeting held on Friday 12th January 2024.

7.	Action Log from the previous meeting

13th January 2023 – 11.6 Maternity Services

7.1 The Board received a Maternity Services report late last year. It was reported that there were no new standards since then and the action point was closed.

8.	Chief Executive's Report

8.1 Neil Dardis began by welcoming Melanie van Limborgh and James Clarke to the Trust and was delighted by the impact they had made already. Neil highlighted the following key points from the Chief Executive's Report:

- Winter challenges were heightened by ongoing industrial action. Neil Dardis thanked all of the teams that had supported the Trust during periods of pressure.
- Focus was now on the priorities for the year ahead. There was clear direction on national priorities for provider Trusts, which included significant focus on Emergency Department standards.
- The National Staff Survey results would be published on 7th March.
- The Paediatric team were named the training unit of the year for their focus on education.
- Neil praised the work of Kerry Gospel and the veterans for their impact on culture and learning within the organisation.
- Regarding the Integrated Care Board, there was significant focus on financial delivery and performance standards, and the Trust's work would be aligned.

8.2 Dawn Kenson noted that 'Did Not Attend' rates were high, and queried how easy it was for patients to contact the Trust regarding appointments. Caroline Hutton agreed and acknowledged that there were some barriers to communication, such as finding the correct point of contact and mailing issues. Caroline advised that the Trust was in the process of carrying out a tender for its patient communications, and work with the MyFrimleyHealth app team was ongoing to align the transition to the new provider. Gary McRae commented that there was not a one-size fits all approach and that a broader outlook would be required.

8.3 In respect of the Equality, Diversity and Inclusion Committee, Dawn Kenson highlighted the importance of communicating the compelling narrative around data collection and the impact it would have.

8.4 Mike Baxter acknowledged system wide challenge around capacity and asked for clarification on the additional elective work taking place on the Heatherwood site. Kish Sidhu explained that the Trust had a duty to provide care for patients that were unable receive it elsewhere, however the Trust was only in the position to do so if it had capacity to be utilised and operations were not disadvantaged elsewhere within the organisation.

8.5 Mike O'Donovan drew attention to the excellent work on Antenatal and Newborn Screening Services. Melanie van Limborgh advised that the Chief Nursing Officer at NHSE had recognised the Trust's service and one of the Trust's midwives had won an award.

8.6 The Board **NOTED** the Chief Executive's Report.

9.	Finance Report: Month 10

9.1 Kish Sidhu presented the month 10 Finance report and highlighted the following key points:
- The Trust delivered a deficit of £4.9m in month 10, which was £2.5m adverse to plan.
- The year-to-date position was a £12.5m deficit, £6.8m of which was adverse to plan.
- The Trust received £17.6m for industrial action and elective activity over performance and £1m for capital revenue support.
- Regarding the capital plan, the Trust received an additional £8m to bring forward plans such as M Block and RAAC, into this financial year.
- The I&E position was reporting £14.4m deficit, which was mainly driven by historical issues, shortfall inflation, escalation beds, new medicine pressures, although examination indicated that these would be non-recurring costs. Kish Sidhu explained the mitigations for each of the cost pressures.
- Escalation and budget management were key areas requiring focus in order to avoid significant risk.
- The Integrated Care System would report a £11m deficit. Including the Trust's deficit of £14m the total would be around £25m.

9.2 John Weaver recalled that the Board approved funding for the winter plan, and queried whether the Trust was still on track to step down the funding at the end of March. Caroline Hutton confirmed that the initial plan was still in place and actively being worked through. She reiterated that pressures remained high, and the Trust was required to achieve 76% performance within the Emergency Department in March, and therefore capacity would remain in place until the end of March. Some areas, such as Heathlands would require some additional support.

9.3 John Weaver asked whether additional funding was manageable or would create a risk around the £14.4 originally agreed. Kish Sidhu confirmed that the winter plan was on track and the Board would receive an update as part of capital planning.

9.4 John Weaver asked how the Trust was benchmarking against other organisations. Kish Sidhu advised that most provider Trusts were in some form of deficit, and that the Trust was in the lower end. Jackie Westaway commented that incremental income through increased activity may not be sustainable.

9.5 Linda Burke noted that the medical workforce had been mentioned at several previous meeting and asked for clarification around accountability. Gareth Roberts explained budgets were managed at departmental level and was under constant review. He added that teams were continually recruiting substantive staff to improve value for money.

9.6 Linda Burke asked about the Trust's position in terms of medical agency staff. Matt Joint said that it was more challenging to reduce medical agency costs than nursing costs, however the Trust was using the Allocate system very effectively, alongside a managed service provider who negotiated rates on behalf of the Trust. Gareth Roberts said that there was a regional review underway to prevent bidding wars between organisations. There was further discussion on whether the assumptions on agency and bank staffing costs would be met.

9.7 Gary McRae praised the Cost Improvement Program (CIP) which had reached £28m year-to-date, £0.6m ahead of plan. Gary noted that the transformation figures were below target and asked whether it would impact on the delivery of the major transformation projects. Kish Sidhu explained that one third of the CIP were non-recurring costs linked to agency and therefore it was likely that the gap would increase in the next financial year.

9.8 Neil Dardis summarised that the Board was disappointed to report its first financial deficit and that the Finance Investment Committee would retain robust oversight and scrutiny of the Trust's finances. He reminded the Board that the Trust had committed significant financial investment in M Block, Heatherwood and EPIC and therefore it was a key focus to realise the benefits of those investments.

9.9 The Board **NOTED** the Finance Report for Month 10.

10.	Performance Report

10.1 The Board received the Performance Report which provided a summary of the Trust's performance against the national quality indicators.

10.2 Following from the discussion on agency staffing, Jackie Westaway highlighted that there was a cultural aspect and that change management would be required to tackle the overspend. Matt Joint agreed that the Trust needed to move away from the approach used during the pandemic and utilise technology. Jackie Westaway asked how the Board was leading change and Matt Joint responded that it was key that change be clinically led to engage with the medical workforce.

10.3 There was discussion around learning from using senior leaders on the front line during industrial action. It was important to find the right balance due to the financial implications and encourage remote management and oversight. It was acknowledged that there was wider work to do around job-planning and right-sizing the medical workforce. The Trust Chair thanked Gareth Roberts and his colleagues for going above and beyond during the industrial action.

10.4 Matt Joint highlighted that non-clinical appraisals were increasing and that a team-based approach would be piloted with the ambition of achieving an 85% completion rate.

10.5 Dawn Kenson asked how the Board could be assured that patients were on the correct pathway for emergency care and that Urgent Treatment Centres (UTCs) were not causing further delay. Caroline Hutton advised that the pilot UTCs significantly impacted the Trust's statistics. The majority of patients were directed to the correct pathway and the new Slough Urgent Care Centre was providing further support. The 111 service directed patients to the Slough UCC, however the Aldershot Centre for Health only provided a walk-in service for paediatric patients. As part of the focus on ED performance in March, the system had put in place GPs to see patients before they enter A&E.

10.6 Dawn Kenson commented that the number of young people presenting with mental health problems seemed high and questioned whether there was a system-wide approach to ensuring children were under the right care. Neil Dardis clarified that figures referred to the number of bed days, rather than patients and that there were some complex cases. The Board would carry out a deep dive on mental health at the next public Board meeting.

10.7 The Board discussed how it was working with its system partners around discharge and were advised of a collaborative live discharge dashboard.

10.8   John Weaver noted the need to maintain additional winter resource during March to meet the 76% performance target and questioned the Board's position on performance against the financial deficit. Neil Dardis said that the forecast took into account delivery of the 76% target.

10.9   Mike O'Donovan noted the improved stroke performance metrics and asked whether they were sustainable. Caroline Hutton advised that a lot of improvement work had been undertaken and remained an ongoing focus. Noting Mike's comment that the stroke performance data required more explanation in the report, Caroline advised that she would follow up for the next report.

10.10   The Board **NOTED** the Performance Report.

11.	**People Update**

Culture & Leadership Review

11.1   Matt Joint presented the People Update which provided an update on the discovery phase of the Culture and Leadership Programme and Sexual Safety Charter. He reminded colleagues that the Trust was a People Promise Exemplar. The team spent months gathering data from multiple sources including the National Staff Survey, focus groups and patient experience to develop a strategy to reset the organisation's culture to encompass compassionate leadership, to support learning and innovation, inclusion, and diversity.

11.2   Matt Joint acknowledged that the task was wider than the HR directorate and required Trust-wide engagement and involvement. The Board would receive the action plan at a future meeting.

Sexual Safety Charter Update

11.3   The Sexual Safety Charter stemmed from a number of high-profile cases. It was found that 50% of female staff, nationally, had been subject to sexual harassment at work and consequently NHSE included questions around sexual harassment in the recent National Staff Survey. Matt Joint assured the Board that there was not an issue with high levels of sexual harassment within the Trust, however unfortunately there were still incidents. The Trust took a zero-tolerance approach and subsequently committed to the Sexual Safety Charter.

11.4   A steering group was set up and progress was underway, including expected standards of behaviour for all staff, guidance for managers, a dedicated email address and posters including a QR code for reporting. The Sexual Safety Policy was being drafted and there would be further actions on the back of National Staff Survey feedback. The Board would receive an update in July.

11.5   Mike O'Donovan queried whether there was a common understanding of 'inclusion'. Matt Joint agreed that it was a very broad area, and it would depend on what was important to the individual.

11.6   Jackie Westaway requested more detail on the findings of the exploratory work carried out to understand staff experience within the organisation. Matt Joint explained that there was a wealth of data behind the work and would happily share with colleagues. Mike Baxter asked how the findings would be encapsulated and whether they would be included in the strategy.

11.7   It was agreed that the Wellbeing Guardian would be invited give a presentation at a Board Seminar. **Action: MJ**

11.8   Gary McRae asked what could be done to prioritise capacity for training. Matt Joint said that it was partially due to habits formed during the pandemic and was hopeful that toward the spring and summer pressures would ease and staff would have more capacity to prioritise training and development.

11.9   Neil Dardis commented that the Trust was working with one of the authors of the sexual harassment report and she was due to attend a private board meeting.

11.10   The Board **NOTED** the People Update.

12.	Modern Slavery Statement

12.1   The Trust Chair presented the Modern Slavery Statement which had been updated in compliance with section 54 of the Modern Slavery Act 2015, for the year ending 31st March 2024.

12.2   The Board **APPROVED** the Modern Slavery Statement for 2023/2024.

13.	Board Assurance Framework

13.1   The Board was presented with the Board Assurance Framework (BAF) for review and assurance.

13.2   Jackie Westaway asked for clarification on the 3 red scores for the water drainage system. Neil Dardis advised that the risks were in relation to the water system on the Wexham Park Hospital site, and the risk would be reviewed and updated. Mike O'Donovan gave assurance that the Quality Assurance Committee had sight of the quality risk.

13.3   Gary McRae asked whether the use of virtual wards would mitigate the risk of the growing and aging population. Caroline Hutton agreed that it would be added to the BAF.

13.4   Dawn Kenson commented that the framework and descriptions had improved however many of the risks were not fully within the Trust's control and the gaps in assurance needed to be addressed at ICB level. Bryan Ingleby advised that he continued to work with the ICB to improve visibility and Neil Dardis was encouraging a joint Trust and ICB risk assurance framework.

13.5   The Board **NOTED** the Board Assurance Framework

14.	Use of Trust Seal

14.1   Victoria Cooper presented the Use of the Trust Seal report, which confirmed that the Trust Seal was used for 10 documents from 1st September 2023 to present.

14.2   The Board **RATIFIED** the use of the Trust Seal.

15.	Committee Reports

Audit – 7 February

15.1   Gary McRae highlighted the following key points:
- The Committee received the Internal Audit Progress Report which confirmed the outcome of two recent internal audits. The reports were well received by the Committee and there was a lot of traction on the actions. Members of the Committee constructively challenged which provided further assurance.
- KPMG presented a report outlining their early reflections for the 23/24 external audit, which was generally on track although there were some concerns around the new audit guidelines and the external report on buildings valuation.
- The Committee noted the Emergency Preparedness Resilience and Response (EPRR) Annual Report.

15.2   Dawn Kenson raised that there was a lot of work to do around policies and guidelines. Bryan Ingleby advised that the Trust had commissioned an external well-led review to support governance processes

ahead of a CQC inspection. Neil Dardis advised that the Executive team monitored overdue policies monthly.

Finance and Investment – 31 January

15.3   John Weaver advised that the Committee received the 24/25 Operating Plan which would continue to be developed at pace in the coming months. The month 10 results were on track to deliver 100% of the CIP, which would be the largest the Trust had ever delivered.

People – 16 January

15.4   Mike Baxter reported that the meeting structure was revised to move the Directors' Report to the end of the meeting, which improved efficiency. It was a very energised meeting.

15.5   The Committee received the NHS People Plan and draft FHFT Strategy. Mike Baxter advised of reductions to Time to Hire, recruitment and retention. The Committee also reviewed the Corporate Risk Register at length and added the Wexham Park Hospital fire incident.

16.	Any Other Business

16.1   No other business to discuss.

17.	Public Questions

17.1   Sarah Peacey suggested that neurodiversity be added to the equality, diversity, and inclusion work. Matt Joint agreed that it was important and advised that the Trust had a lead who was working to improve and align policies and best practice. The Trust Chair agreed it was important to provide support and training to those who needed it.

17.2   Stuart Kemp from Gilead Sciences asked about the Trust's next phase of testing blood borne viruses. Melanie van Limborgh was the Trust's Senior Responsible Owner (SRO) and would contact Stuart offline to discuss.

17.3   Charles Fowles observed that there had been a lot of discussion and focus on innovation and learning and asked how it would be articulated within the Trust's vision and roadmap, along with compassionate leadership. He commented it was important to celebrate success and give staff the opportunity to speak up.

17.4   Malcolm Treen asked whether there was 100% uptake for the last junior doctor's strike. Gareth Roberts commented that 73% of junior doctors participated and that the rate varied dependent on speciality and shifts. Caroline Hutton added that the rate fluctuated between 56-73%.

17.5   Sarah Peacey thanked Dawn Kenson and Mike O'Donovan for their contributions to the Trust. She also thanked Neil Dardis for bringing new ideas and energy into the organisation, and for his work on the new Heatherwood Hospital and EPIC. She wished them all the best for the future.

17.6   The meeting was followed by farewells to Mike O'Donovan, Dawn Kenson and a presentation for Neil Dardis.

17.7   Neil Dardis thanked the communities and public that the Trust served. He commented that it was his first experience working with Governors and thanked them for the commitment and expertise they brought to the Trust.

17.8   Neil showed gratitude to the Non-Executive Directors that he had worked with over the years, from whom he had learnt a huge amount, through their time and support. He was humbled to work alongside the amazing teams within the Trust and would never forget their efforts throughout the pandemic.

| **18.** | **Date of Next Meeting** |
18.1   Friday 3rd May 2024, 08:30-11:30, Board Room, Frimley Park Hospital

The minutes of the meeting were duly approved by the Board:

Name:	Bryan Ingleby
Signature:	
Date:	

Appendix – Values in Practice Winners

1.   Paediatric Diabetes Team, WPH & FPH:
1) Carolyn Hill (Cross site Lead Paediatric Diabetes Specialist Nurse)
2) Dr Liz George (Paediatric Consultant, FPH)
3) Hayley Thompson (Diabetes Clinical Psychologist)
4) Sharon Holt (Paediatric Diabetes Specialise Nurse, WPH)
5) Krupali Ramji (Administrator)
6) Jill Thistlethwaite (Head of Nursing, Cross Site, Dept. of Paediatrics and Neonates)
7) Dr Sejal Patel (Paediatric Consultant, WPH)
8) Ingrid Wiafe (Student)

2.   Vera Gill-Wakatama, Matron Ward G4, FPH

BOARD OF DIRECTORS MEETING IN PUBLIC ACTION LOG
Friday 3rd May 2024

AGREED ACTION	LEAD	END DATE
CLOSED ACTIONS		
4th November 2022 – Freedom to Speak Up Report Develop a formal plan to identify ways in which consultants and trust doctors can speak up. *Update: The Freedom to Speak Up paper under item 14 provides the details.*	Tim Ho/Matt Joint	3 May 2024
ACTIONS IN PROGRESS		
5th May 2023 – 11.5 EPR Programme Update Board to receive outcomes from the EPR optimisation/managing change learning event. ***Update: A two-year post 'go live' event is currently underway and the findings from this will be incorporated into a report and provided to the Board in July.***	Tim Ho	5 July 2024
7th July 2023 – 5.6 Patient Story The Board to receive an update on apprenticeship schemes in 6 months' time. ***Update: A verbal update will be provided at the meeting.***	Matt Joint	31 March 2024
7th July 2023 – 9.4 Nursing and Midwifery Report The People Committee to consider the balance of the international workforce recruitment at a future meeting. ***Update: A verbal update will be provided at the meeting.***	Mike Baxter/ Matt Joint	31 March 2024
1st March 2024 – 11.7 People Update Invite the Wellbeing Guardian to present at a Board Seminar.	Matt Joint	31st May 2024

Report Title	Patient Story
Meeting and Date	Public Board Meeting – 3rd May 2024
Agenda Item	6
Author and Executive Lead	Knowledge Nyamaradzo, Lead for Mental Health Melanie van Limborgh, Chief of Nursing and Midwifery
Executive Summary	Patient stories shared at the Trust Board help Board members hear patients' experiences of care and services provided from the patient's own perspective and facilitate reflections on what it is like to be a patient in this organisation. While the patient was not able to share their story via video or through reflections, they were keen that the story was told respecting confidentiality and anonymity. As a result, the story is being told by a member of staff and the patient is referred to by pseudo name Stephanie and specific details have been removed. Stories demonstrate the Board's commitment to the people it serves. It grounds the Board in its core business of serving patients/public and sets the tone for the rest of the meeting, giving a context within which subsequent decisions are being made by the Board. While a patient story is individual to each patient, the multitude of departments and services involved internally and externally, resonates with many patients presenting where mental health may be a feature. It is vital to show how the Trust endeavours to provide parity of esteem for all patients who present with mental illness.
Action	After hearing the patient story, the Board will: • Take some time to reflect on the story and appreciate how the experience affected the patient, their family, and the frontline care staff involved. • There may be reflections on what that experience tells us, but the Board is not the problem-solving forum. • Board members will ensure that what they hear is carried into the rest of the meeting and sets a context within the decisions being made. • Feedback and thanks will be provided to the patient.

| Compliance	Care Quality Commission – The Trust is committed to listening to patients and the public and to use this feedback to improve the care we provide.

Patient Story Name:	Stephanie
Meeting & Date:	Public Board Meeting 3rd May 2024
Synopsis: **(inc directorate/ inpatient/outpatient/ hospital site)**	Stephanie is known to attend local hospitals Emergency Departments (ED) on a frequent basis and is well known to the community mental health team. She often presents following overdoses and acts of self-harm. Stephanie was brought to ED by ambulance during 2023. Before presenting to our ED, Stephanie had attended another local ED where she had absconded against medical advice. The ED team completed a mental health (MH) triage and identified Stephanie as high risk. A detailed physical assessment was completed and agreed plan with Stephanie to admit voluntarily under the care of the medical team. Stephanie presented as keen to seek help and wanted to accept the support being offered. Stephanie absconded from ED shortly after this decision. Attempts were made by the staff to stop Stephanie from leaving. However, they were unsuccessful. The hospital security team were called, and staff continued to look for Stephanie within the department and hospital grounds. Stephanie was located less than 10 minutes after leaving the department. However, in this time she had brought herself to harm. Stephanie had sustained injuries following a deliberate attempt to take her own life. Multiple departments and services were involved in Stephanie's care including the ED and the inpatient clinical teams, allied health professionals, security, chaplaincy, adult safeguarding and our partners Surrey and Borders Psychiatric Liaison Service, Adult Social Care and the Community Mental Health Service. Stephanie spent an extended period of time as an inpatient in the hospital and was discharged home with community mental health support to continue her ongoing recovery. Upon discharge Stephanie shared with the ward team her gratitude and thanks for the care she received. She stated that for the first time she felt that she had been treated like a human being.
Source of story:	The safeguarding team contacted Stephanie's mother and consent was provided to share her story.

(Complaint/compliment/ incident/ targeted invite)	
Directorates/ Meetings/ Committees where story has been shared:	Shared with the Psych Liaison Service Manager, Emergency Department, Ward F5, Chaplaincy and Security.
Areas of good practice identified:	Staff completed the Mental Capacity Assessment shortly after admission, and the patient was deemed to have capacity and was treated as such. Stephanie was included in making decisions regarding her treatment, enhancing shared decision-making and a patient-centred approach. Stephanie's mother was kept up to date with her progress while ensuring the patient gave consent before information was shared. Partnership working between the Emergency Department, Psych Liaison Service, ward F5 and Community Mental Health Services. Positive and meaningful feedback from Stephanie to staff on ward F5 and Chaplaincy commending the support she had received. Stephanie's case triggered a wider case review of mental health patients and resulted in Frimley Integrated Care Board commissioning a review to understand the experience of adults with mental health needs and the staff caring for them. Final report due on 26/4/24.
Issues identified:	- Challenges in accessing registered mental health nurses (RMNs) from nursing agencies to support patients who require enhanced levels of observation and engagement and are deemed high risk. - Request for additional mental health training to increase staff knowledge and skills.
Actions:	- Business case submitted for 2 RMN & substantive Lead for Mental Health. - Development of in-house bank Mental Health Care Assistant role. - Ensure patients who attend ED frequently have an alert on Epic to inform staff and include a high-risk care plan as a hospital encounter. - Await pending commissioned review and recommendations/actions within. - Executive support for funding for additional mental health training – funding ceases in July 2024.

# Patient Journey from Emergency Department to Discharge & Teams Involved

May 2024

Teams/Individuals involved can include:
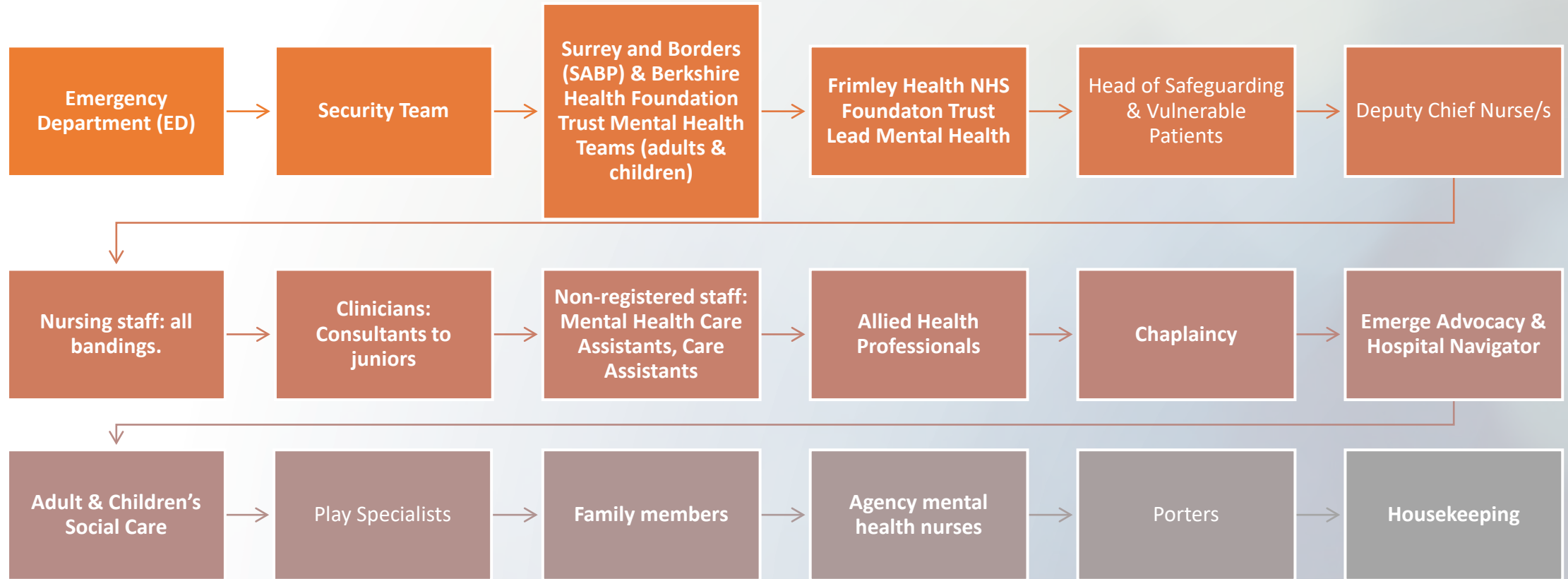
Emergency Department (ED)

- ED Team, work in parallel with Surrey and Borders (SABP) Psychiatric Liaison Service (PLS).

- Identified Named Consultant for Mental Health & Senior Clinical fellow.

- Clinical Fellow role has enabled significant developments within ED & supported improving mental health care for patients and learning opportunities for staff.

- Developments in last 18: improved months include; mental health triage tool, policies (high risk patient, rapid tranquilisation & improved teaching programme.

- Developed multi-disciplinary team (MDT) simulation training to improve staff knowledge & skills.

- Hold regular mental health interface meetings and review key cases.

- Close liaison with ED matron & MH lead to identify & organise management plans for frequent attenders.

- Involved with a 2-year Quality Improvement Project (QIP) reviewing self-harm in ED.
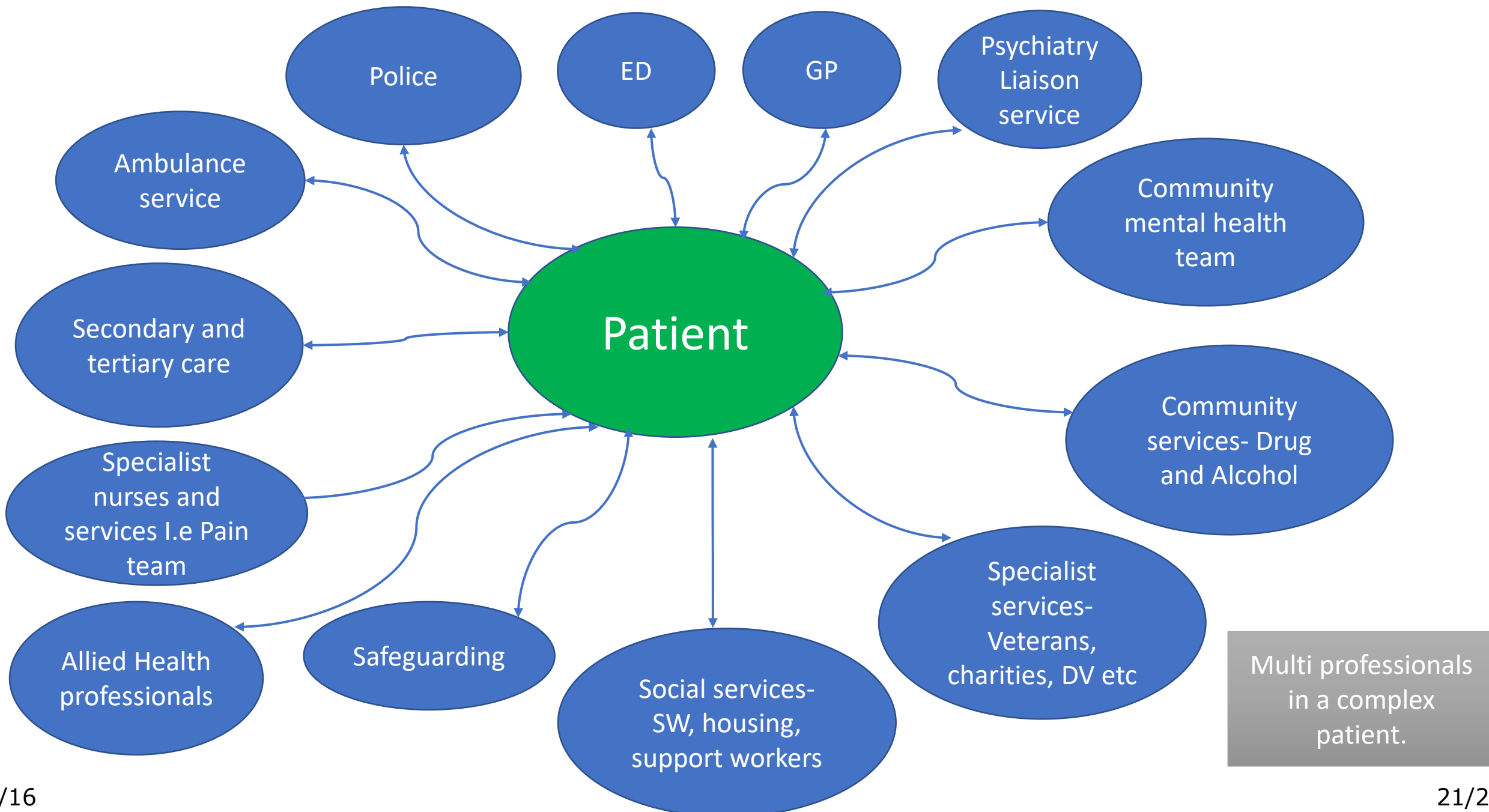
Challenges within ED

- Acuity - if several high-risk patients in the department at once – challenging to manage.

- Volume - busy ED plus complex mental health can be a risk.

- More patients presenting in crisis out of hours when community services less available.

- Often not the right setting for a patient in crisis (busy, noisy, stressful for patient).

- Difficulty in accessing registered mental health nurses (RMN) at point of needed – agency nurses.

- Cannot eliminate all risk - MH triage & policy to identify & minimise risk.

- Currently no 'Search Policy' (safety of patients & staff) – exploring national guidance.

Security Team

2 Teams across the Trust with similar capacity (18/19 team members).

1 Team Leader & 1 Supervisor in each team.

Carry out shift work with various hours.

3 allocated on night shift.

1 allocated to ED since COVID due to increase in complexities of cases.

Security Team wear Bodycams.

Maybo training: de-escalation & restraint techniques.

Incidents & Themes

Incidents

- Attend call outs/incidents in pairs.
- If restraint/hold is required - 2 officers attend to ensure safety of patient. Anything restraint related is clinically lead.
- If there are multiple call outs, 1 security officer will attend to assess the situation - no restraint may happen unless somebody is at immediate risk to themselves or others.

Themes

- Mental health is main reason for call out – call outs trebled at FHFT since COVID.
- Increase in children & young people calls – predominantly FPH.
- Confused patients, including, dementia, delirium, detox from alcohol/illicit drugs, violence, patients absconding etc.

Challenges for the Security Team

Challenges for the team:

Not knowing enough about the patient.

Supervising a patient for up to 12 hours in absence of RMN/Mental Health Care Assistant.

Unable to respond to other incidents as occupied with complex patient/s.

What would help:

RMN's employed by FHFT.

RMN sitting within ED – better use of skills.

Surrey and Border (SABP) Psychiatric Liaison

What does Psychiatric Liaison Service (PLS) do?

SABP Psychiatric Liaison Services provide an interface between Mental Health Services and the acute general hospital.

It is a single point of access for people coming into the Emergency Departments or who are inpatients on the acute general hospital wards.

PLS accept referral for working age patients 18-64 & older age adults 65+.

This service will provide assessment and management of mental health problems within the general hospital, with appropriate signposting.

The Psychiatric Liaison Team

```
                    ┌─────────────────┐
                    │ Service Manager │
                    └─────────────────┘
┌──────────────┐           │
│    Senior    │           │
│  practitioner│           │
└──────────────┘           │
       │                   │
┌──────────────┐   ┌─────────────────┐    ┌──────────────────┐
│  Practitioner│   │   Team admin    │    │    Consultant    │
└──────────────┘   └─────────────────┘    │   psychiatrists  │
       │                                   └──────────────────┘
┌──────────────┐                                    │
│   Students   │                          ┌──────────────────┐
└──────────────┘                          │ Higher Specialist│
                                          │     Trainee      │
                                          └──────────────────┘
                                                   │
                                          ┌──────────────────┐
                                          │   Middle Grade   │
                                          │     Trainee      │
                                          └──────────────────┘
                                                   │
                                          ┌──────────────────┐
                                          │   Junior doctor  │
                                          │      (FHFT)      │
                                          └──────────────────┘
```
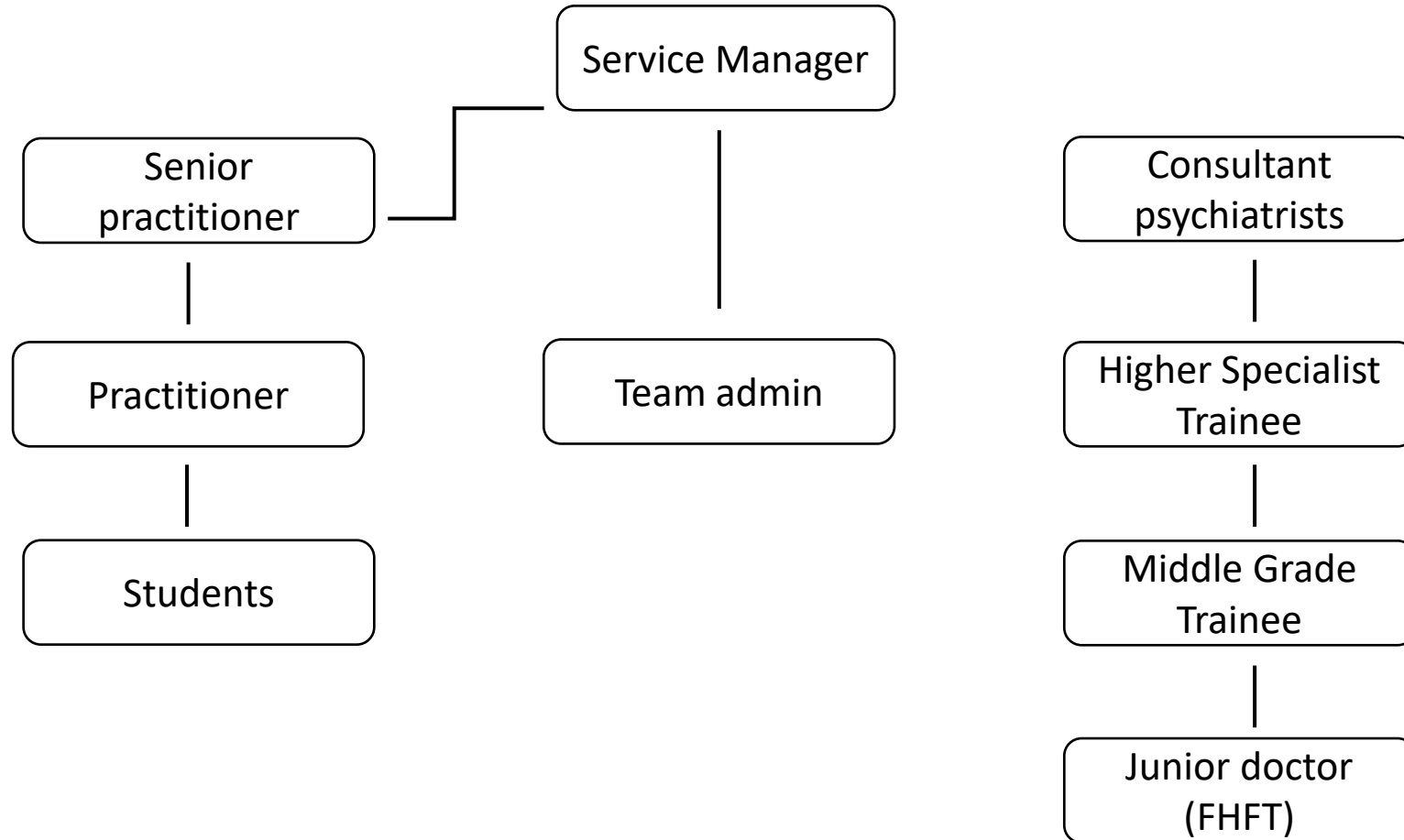
How PLS work

- **Operational hours-** *PLS is a nurse led service and operates 24 hours a day 7 days a week including bank holidays. Outside office hours the practitioner on shift will have access to senior advice and support via our on call management system and on call consultants.*

- *There are 3 practitioners during the day & 1 practitioner during the night.*

- **Response times-** *We have a 1 hour response time for ED referrals and 24 hours for ward referrals however, upon receiving a referral this is discussed with the referrer, and if the practitioner feels the referral warrants a sooner response time this will be dually actioned. Maternity patients are normally seen within 1 hour.*

Challenges for Psychiatric Liaison Service

- Cases are much more complex.

- Mental health beds are at a national shortage.

- People are waiting in Acute hospitals for longer.

- Referrals numbers & complexity have increased.

- Funding is not in line with CORE24 (standard for adult mental health services).

- Do not have sufficient funding for a Psychologist (only hospital in surrey without one).

- Right person, right place may have an impact.

- Two IT systems- SABP (System 1) & FHFT (EPIC).

- PLS limitations, regarding beds etc.

What are the positives?

- Good relationship with hospital.

- Frimley Health NHS Foundation Trust has a good mental health strategy.

- Positive working relationship with Lead for mental health, Dementia team, Safeguarding Team and Wards (nursing & clinical team).

- Emergency Department Interface meetings.

- Enhanced care pathway.

- Mental health care assistant (MHCA) recruitment & training.

- PLS is Psychiatric Liaison Accreditation Network (PLAN) accredited (peer review/quality improvement).

Frimley Health Nursing Staff

Complete mental health risk assessments on admission & daily - care planned dependent on level of need & risk.

Nurse in visible bay, if it offers patient reassurance.

Involve & engage with patient & family members at all stages in their care.

Staff listen to ensure patient voice is heard.

Support with accessing pastoral care if requested.

Patient views sought & wishes taken into consideration when planning on care – risk assessed.

Strengths & Challenges for Nursing Staff

What works well

- Aim to advocate for patient centred care by including the patient.
- Aim to provide continuity of care.
- Brave to voice differing opinions if deemed in patient's best interests.
- Consider capacity – starting point is to assume capacity.
- Building a rapport supports patient feeling safe.

Challenges

- Capacity & demands – not able to offer 'undivided' attention as other patients require care & attention.
- Managing patient expectations.
- Lack of mental health training opportunities for staff.
- Access to agency RMN's when needed.

Positives as a whole

- Multi-faceted approach to providing safe & effective care.

- Teamwork across the Trust & with colleagues from Surrey & Borders, Berkshire Health Foundation Trust & wider services/organisations (police/social care).

- Significant progress with improving services, policies & procedures within the Trust.

- Dedicated Lead for Mental Health.

- Commitment from staff to provide compassionate & safe care.

- Commitment from staff to upskill their knowledge & confidence.

- Better understanding of mental illness.

- Staff seeing beyond the behaviours – recognising behaviours as a form of communication.

Ward to Board: Mental Health Services: Frimley Health NHS Foundation Trust (FHFT)

May 2024

Setting the scene: National Data (NHS England 2024)

1 in 4 adults experience at least 1 diagnosable mental health (MH) concern.

1 in 5 children and young people (CYP) had a probable mental disorder in 2023.

CYP presentations to Emergency Department (ED) have tripled since 2010.

50% more children & young people present to Frimley Park Hospital.

24% increase in number of people admitted between 2016 & 2023.

Average length of stay in acute mental health bed increased from 32 days in 2014 to 39 days in 2023.

Total number of inpatient mental health beds is at an all-time low since data was collected in 2010/11.

Bed-occupancy has consistently remained over the recommended 85% - quality of care compromised.

Setting the scene...

Disparity between capacity & demand, cuts to dedicated MH inpatient beds & poor patient flow result in considerable delays in ED or admitted to inappropriate environments (general ward).

Patients report feeling stressed, stigmatised & are more likely to receive sedation & restrictive practices & potential violence towards staff – 'Pressure Cooker' effect of long waits.

Limited progress on reducing inappropriate placements (no local bed available).

Can delay recovery & increase risk of suicide.

In October 2023, people placed in out-of-area placements (59%) travelled 100km or more from home.
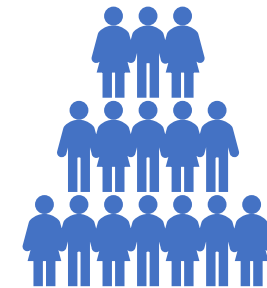
Focus on Patient Centred Care

Important to **wrap** mental health services around the individual considering holistic needs

Commitment to making sure mental health gets treated the same way as physical health

Multi-disciplinary approach – Working together with other agencies/organisations

FHFT Lead Mental Health

Lead Mental Health (MH): 1 post, 2-year fixed term contract ending May 2024.

Instrumental in providing specialist advice to all Trust staff plus strengthening relationships with key professionals (Surrey & Borders, Berkshire Health Foundation Trust).

Significant contribution to improving MH services across the Trust since commencing in post.

Highly respected by colleagues internally & externally – VIP winner.

Changes & developments include: MHA policy, Strategy, Ligature Guideline, facilitated training, Enhanced Clinical Framework.

Commissioned Mental Health Services at FHFT

Surrey & Borders Partnership (SABP) – Frimley Park Hospital

Psychiatric Liaison Team (24-hour service)

Children & Young People Services (Mon- Sun 9-5)

Mental Health Act Administration Office (detentions)

Berkshire Health Foundation Trust (BHFT) – Wexham Park Hospital

East Psychological Medicine Service (24- hour service)

Children & Young People Services (24-hour service)

Mental Health Act Administration Office (detentions)

Agency & Temporary Staffing

Previous significant cost pressure (£4.8M 2022/23).

Anticipated year end cost of £3.6M for 2023/24.

Inhouse MH Care Assistant (MHCA) Band 3 developed (70 applications with 58 completed 2/7 training to date.

Proactive agency RMN (Registered Mental Health Nurse) questionnaire underway as part of Commissioning Support Unit (CSU) review.

Access to EPIC to view care plan and document therapeutic interventions24/25 plans to reduce cost further (block booking, bank RMN, B7 site MH leads to reviewing EC requests and provide support/training/supervision)

Trust Risks & Mitigation

Risks

Accessing specialist intervention within appropriate environment.

Use of temporary staff to support enhanced care needs.

Skills amongst staff to support and manage mental health related attendance/ admission.

Mitigation

- Mind & Body program. Environmental & ligature assessments, regular RMN, documentation/Enhanced Clinical Framework, Commissioned Adult Review.

- Development of in-house bank MHCA role. Epic MH risk assessment. Agency feedback. 24/25 project to reduce spend by £500,000.

- Executive support and escalation. Increased training offer.

Mental health care is documented on Corporate Risk Register.

Patient Experience: Adult MH Acute Service Review (published April 2024)

10 patients across the Trust provided feedback, while number is low, it provided invaluable insight into their experience.

- Ratings for care were mixed, from very good to poor.

- Patients were not always clear about how to raise concerns.

- Patients perceived a lack of understanding about mental health issues from staff & highlighted a need for more training.

- 2 patients did not feel they received the necessary help after discharge.

Staff Experience: Adult MH Acute Service Review (April 2024)

- Staff were proud of the work they did & highlighted many good examples of good practice & a supportive working environment.

- In addition, they spoke of the challenges, complexities & stressful management particularly when short staffed.

- Majority of Trust staff requested more training.

- Cultural differences can be extremely challenging for overseas nurses.

Staff verbatim

"We have so many nurses from different countries right now & our experiences back home with MH is different to here. Very different to here"

"We've recently got MHCA's. I think it's really helpful"

"Sometimes actually having the early intervention of a RMN can prevent things escalating. And I think, you know in itself probably cost wise moving forward is beneficial!"

"I just want to learn & I want to do the best. I want to help people. I want to make a difference. It's hard but yeah, that gives me satisfaction anyway. I go home happy. At least I've done something...I'm very passionate about my job"

"He checks on me & I feel very acknowledged. And I feel very much supported..he is very good, like, you know, approaching wise. And when for me...especially when I needed him, he was always there to advise me"

Temporary staffing experience: Adult MH Acute Service Review (April 2024)

Varied from positive to challenging. Quality of experience depended on collaboration of staff & how busy the ward was.

Positive experiences included:

- Receiving guidance & support.

- Feeling they made a difference to the patient.

- Their mental health skills & experience were being utilised.

Negative experiences included:

- Difficulty accessing handovers.

- Inadequate handovers when moved to another ward abruptly.

- Allocation of more than 1 patient.

- Difficulty getting an adequate break during shift.

Achievements 2023/Q1 2024

VIP winner – Lead for Mental Health

Mental Health Act (MHA) policy

Increased education offer with excellent feedback

Mental Health Care Assistant (MHCA) - reduction in RMN agency cost

Mental Health strategy

Mental Health Ligature guidance

Approved funding for CORE 13 CYP service at FPH

Berkshire Health Foundation Trust Children & Young People night service offer at Wexham Park Hospital

Commissioned review adult mental health services – report published late April 2024

Closing note….there is no health without mental health….

The acute hospital setting may not the most appropriate place for patients with mental health needs however from observation to de-escalation and management intervention, FHFT strive to deliver safe, compassionate & effective care for patients with physical and mental health needs.

Services need to be built around the patient's needs, not the professionals needs, recognising the importance of strengthening an integrated approach to care & services.

Mental health is everyone's responsibility…

Report Title	**Chief Executive's Report**
Meeting and Date	Public Board of Directors, Friday 3rd May 2024.
Agenda Item	8.
Author and Executive Lead	Caroline Hutton, Interim Chief Executive
Executive Summary	The Chief Executive's Report provides a bi-monthly update on key activities and events in the Trust. The report highlights the national context, the Trust's developments and achievements, and strategic updates.
Action	The Board is asked to **NOTE** the Chief Executive's report.
Compliance	Board Assurance

Chief Executive Report May 2024

THIS REPORT

This report highlights areas that will benefit from focused discussion in the Board meeting. Please note the national context and recognise the developments and achievements of the Trust since we last met.

1.0 INTRODUCTION

I would like to start my first Chief Executive Board Report by saying a huge thank you to everyone for welcoming me into the position of chief executive on an interim basis and for all the support I have had while transitioning to the role. As always it's been a very busy period for the Trust as we completed our achievements for 2023/2024 at the same time as finalising our plans for the new financial year and I am pleased to say we have some strong achievements and plans coming together to address the challenges ahead.

I would like to welcome Interim Chief Operating Officer (COO), Ellis Pullinger, to his first public Trust Board meeting having joined us in March to backfill my substantive role. Ellis is ensuring we continue to focus on improving the flow of patients through our hospitals to help with the recovery of our elective services and enable us to reduce waiting lists, improve access for our urgent and emergency care services and optimise the benefits of our electronic patient record (EPR).

I am also very pleased to say that our substantive Chief Executive, Lance McCarthy, has been appointed following a rigorous recruitment process involving senior clinicians and leaders within the Trust, system partners and governors and he will be joining us on 20 August from The Princess Alexandra Hospital NHS Trust (PAHT) in Harlow, where he has been Chief Executive for the past seven years.

2.0 NATIONAL AND SYSTEM UPDATE

National operating guidance

The NHS England Operational Planning and Guidance, which is usually issued at Christmas, arrived late this year and was received just before the Easter break in April. Priorities continue to focus on recovering our core services, supporting our workforce, and a strong focus on improving productivity including:

- Maintaining the collective focus on the quality and safety of services- with specific reference to maternity and neonatal services.
- An improvement to ambulance response, accident, and emergency (A&E) waiting times.
- A reduction in waits of over 65 weeks for elective care and an improvement in core cancer and diagnostic standards.
- Improving access to community and primary care services, including dentistry.
- Improving access to mental health services for patients across all age groups.
- Improving staff experience, retention, and attendance.
- Integrated care boards (ICBs), provider trusts and primary care providers to work together to plan and deliver a balanced net system financial position.

Our 2024/25 FHFT Operational Plan is currently being finalised, and we have been adjusting elements of our FHFT plans in line with this guidance.

We will focus on improving ambulance response and emergency department waiting times by supporting admission avoidance and hospital discharge and nationally there is a drive to improve access to mental health services, community, and primary care services. We will also continue to focus on reducing elective long waits and improving performance against core cancer and diagnostic services.

This will be underpinned by work to maintain and improve quality and safety of services, particularly maternity and neonatal services as well as reducing inequalities.

We have also been planning collaboratively with the Frimley ICS to ensure alignment of the Operating Plans and sign off our NHS England South East Region submissions. We expect the final Frimley ICB Operating Plan to be submitted on 2 May 2024 with a final Frimley ICB Joint Forward Plan by end June 2024.

National financial update

In the latest financial update (28 March 2024) inflation is expected to be 6.1% for 2023/24. This has created a national pressure of £1.7 billion and the impact of strikes through to the end of February created a cost of over £1.2 billion and an equivalent loss of elective activity.

A further £1.2 billion has been injected into system allocations to largely address the financial impact of strikes and the Government has allowed flexibility on previously ring-fenced funds to help systems to deal with the inflation pressure. Frimley ICS is currently forecasting a £10.6m deficit for 2023/24. There remains significant risk within this forecast, not least as the rules around the Elective Recovery Fund are yet to be finalised. Both the ICB and Trust will work together to deliver the best possible outcome.

Industrial action and planning ahead

Following prolonged industrial action, BMA consultants have accepted a revised offer from the government, bringing an end to their dispute. However, junior doctors with the BMA have voted to continue the industrial action that they started over a year ago – no dates for strikes or other forms of industrial action have yet been announced. In addition, the BMA's GP Committee in England is now also preparing for industrial action after they did not accept the Government's initial offer.

Plans submitted for new Bracknell Forest Centre for Health

As part of the national drive to boost community-based healthcare, several Bracknell Forest health services are involved in plans submitted to Bracknell Forest Council for a new centre for health in the town. Subject to approval, the three-storey development will be next to the existing Skimped Hill Health Centre and will house Evergreen Practice and Forest Health Group, maternity services, some children's and young people's services, and community services. Better local services will provide more opportunities for people to be treated more quickly nearer home, reducing the need to go to hospital. If approved, building work is expected to begin in July 2024.

Collaborating to address health inequalities

Nationally there are five clinical areas of focus, which require accelerated improvement for adults and five for children and young people. Activity across local systems will be coordinated between the national team and our ICS. For adults this is chronic respiratory disease, early cancer diagnosis, hypertension case finding, maternity and, severe mental illness (SMI) - along with smoking cessation. For children this is asthma, diabetes, epilepsy, mental health, and oral health.

For adults, a Community of Improvement and a System Oversight Group will be established by the ICS to oversee the programme of work and, for children, engagement with the existing Children's and Young People's Boards will be integral in overseeing the programme of work.

CORE20PLUS5 approach

Addressing Health Inequalities (and Core20PLUS5) is at the heart of our ICS strategy and we will be focusing on the CORE20PLUS5 approach to enable collaborative improvements to address ant variations in health outcomes for our local population.

CORE20 (based on the Index of Multiple Deprivation- IMD)

The most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD). The IMD has seven domains with indicators accounting for a wide range of social determinants of health.

PLUS (identified local Population Groups)

PLUS population groups should be identified at a local level. These could include ethnic minority communities; people with a learning disability and autistic people; people with multiple long-term health conditions; other groups that share protected characteristics as defined by the Equality Act 2010; groups experiencing social exclusion, known as inclusion health groups coastal communities (where there may be small areas of high deprivation hidden amongst relative affluence). Inclusion health groups include people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery and other socially excluded groups.

3.0 STRATEGY

Trust strategy

We are continuing to develop our FHFT Strategy to 2030 and are currently developing a Menu of Options in response to our Strategic Questions. These are being reviewed and developed by the experts in those fields and we will engage further with the ICS and partners on these with the final decisions on our preferred options reserved for the Trust Board.

We expect a draft of our FHFT Strategy to 2030 to be ready in Q1, 2024-25 and will involve our incoming Chief Executive so that we can launch and publish it later this year.

Transformation and improvement

We have appointed two key roles to increase our focus and drive on transformation and improvement – Dr Gareth Roberts will take on a new role of Chief of Service for Transformation and Continuous Improvement and Liz Howells will be our new Director of Transformation and Continuous Improvement. They will lead the delivery of improved quality of clinical services throughout the organisation, underpinned by the capabilities of digital transformation, and support clinical and operational teams to deliver rapid improvement.

Gareth will be standing down as Chief of Service for Acute and General Medicine and a successor will be appointed in the coming weeks.

We will also be establishing a Transformation Board which will help coordinate and prioritise the work we need to do and help allocate resources to those priorities. This will enable us to align the digital and EPR plans with the Frimley Excellence plans, large transformation work (such as urgent

care improvement, outpatient transformation and the cost and efficiency improvement work being led by the finance teams) as well as supporting the increased focus on productivity and joining up other change initiatives. The Transformation Board will report into the Trust Management Board and then to the Trust Board, which will give us clearer governance around the areas of focus of our improvement work.

Frimley Park Hospital fire alarm system

The ongoing checks to ensure the effectiveness of the fire alarm system at Frimley Park Hospital are progressing well and we will be reducing the number of additional fire patrol staff shortly with a view to completing all safety works by May 2024. Last month we completed a table-top exercise to test our emergency evacuation processes and we are evaluating our learning to refine our plans.

Urgent Care Centres

Attendance at the new urgent care centres in Slough and Aldershot have continued to grow in recent weeks, although the rise in patient numbers is most pronounced at the Slough UCC. Typically, up to 500 patients are using the Slough, Aldershot, and Bracknell UCCs each weekday. The majority of cases are GP practice referrals, or directed from the 111 service, with relatively few being redirected to the UCCs from our emergency departments.

Investments in our estates and facilities

New Frimley Park Hospital

We have identified a number of priority sites as potential locations for the new Frimley Park Hospital and are in the process of completing detailed analysis of these priority sites, including taking into consideration feedback from our recent public engagement. Once we have completed the detailed analysis on these priority sites, we will begin the next phase of due diligence on 'preferred sites'.

The latest updates about the new Frimley Park Hospital can be found on our new webpages which includes the first edition of our new hospital programme newsletter, the independent analysis of the public engagement feedback and frequently asked questions. We will shortly be publishing a document that explains how the feedback from our initial engagement period between November 2023 to January 2024 was incorporated into our site selection process.

NB - board papers are published before the elections so update is limited at this stage

New wards and diagnostic imaging unit at Frimley Park

We have now completed installation of all modules for our new diagnostic and inpatient building at Frimley Park. The project, which will provide much needed extra capacity and a boost in our diagnostic capabilities, remains on track to open in Q4.

Slough Community Diagnostics Centre (CDC)

We are on track to open in Spring 2025 and the construction contractor is expected to be on site in June, which is also when recruitment promotion will begin, particularly for harder to fill roles. on track to open in Spring 2025.

Electronic patient record

We continue to see great progress with our Epic electronic patient record (EPR) and our digital team is preparing for a switch of our Epic system to a web-based platform, making it more secure, simpler to update and easier to align with other systems. Changes for users will be minimal but the switch, scheduled for June, will be a gamechanger in terms of unlocking the system's potential in the coming years to realise more of the EPR benefits. Further details will be shared with teams before the change in June, including how to make best use of cosmetic and functional improvements that will make Epic more user friendly.

RAAC update

Our ongoing programme of maintaining and safeguarding the Frimley Park Hospital estate in relation to risks from RAAC (reinforced autoclaved aerated concrete) has progressed to the paediatric ward on F1. The paediatric inpatient service based there have temporarily moved to another ward within the hospital following a series of ward moves, while the RAAC works take place and will return to F1 once the work is completed in late December.

The work on F1 is one of the biggest RAAC-related projects to date and has required significant reorganisation of hospital services and so I am grateful to the many colleagues who have worked together to ensure the impact on our patients is minimised. More work will be needed until we open the new hospital. However, the extra capacity available when the new inpatient and diagnostic unit opens will mean future RAAC-related projects will be less disruptive.

Performance overview

Access

Urgent and emergency care

At the end of March our performance against the national standard of at least 76% of patients attending emergency departments being treated and discharged or admitted within four hours was achieved with the final position at 76.2%. This was thanks to a concerted effort from all of our staff, particularly through our Mega March campaign, which focused on the interaction between Same Day Emergency Care (SDEC) units and emergency departments, wards focusing on moving discharge-ready patients to discharge lounges by 11am, expediting diagnostic tests as early as possible and increasing presence and availability of system partners. This is a brilliant achievement and lessons from March will help support our ongoing improvement into the next financial year, where the national target has been increased to 78%.

Diagnostic waiting lists

We ended the year with another significant improvement for diagnostic access, with our waiting list down to approximately 13,000 from 37,000 in May 2023 and overall percentage of patients waiting six weeks or more for a diagnostic test at around 18% - down from approximately 55% in May 2023.

We have seen marked improvements in access within imaging and endoscopy which are almost compliant with the national diagnostic standard that no more than 5% of patients should wait more than six weeks from referral for a diagnostic test by March 2025. We will continue to see this position improve as we continue our improvement plans for this year including additional Community Diagnostic Centre capacity at Heatherwood and then at the new site at Upton Hospital in Slough in 2025.

Waiting lists

We concluded the year with 21 patients waiting over 78 weeks for treatment, this was largely driven by patient choice in terms of patients choosing to delay their treatment beyond March. However, we are proactively working to get those patients seen and treated as quickly as possible. We also reduced the number of patients waiting over 65 weeks for treatment by treating 30,000 patients since August 2023 who would have potentially breached that standard and now have around 300 patients waiting. This has been a significant and focused effort from all our staff to deliver this reduction. Our plan for this year is to deliver the expectation that no patients will wait over 65-weeks for treatment by the end of September 2024.

Outpatients

In March we saw 85,000 outpatient appointments, which took our total volume of attendances to over one million since March 2023 within outpatients alone. We have seen a 50% reduction in patients cancelling appointments within six weeks through the year and an increase in the proportion of patients having virtual appointments, which is now at almost a third of appointments since April 2023. However, we have seen a slight dip in the number of patients being put onto a Patient Initiated Follow Up (PIFU) pathway (to 4.6% against a target of 5%) and a slight increase in our non-attendance rate to around 9% - both of which will be areas of focus for the year ahead as we continue to improve our efficiency and productivity.

Cancer

Cancer has also seen an improved performance with the backlog of patients waiting over 62-days for treatment reducing by around 25% in the last few months. We also continued to improve our Faster Diagnosis Standard (FDS) performance, with around 84% of patients waiting less than 28 days from referral to finding out whether they have cancer or not (against a national target of 75%). This puts us amongst the highest performers in the south east region.

Mega March - Golden wards initiative

During March we ran our Mega March initiative where we worked closely with our partners across the health and care system to reset our services, ease pressures on our teams and find new ways of working to enable us to provide the high quality, sustainable levels of care that our communities deserve. We trialled a number of initiatives and new ways of working throughout the month. as part of this drive. For example our therapies team launched a 'Golden Ward' initiative to help improve physiotherapy care for our medical patients. Instead of physios covering multiple medical wards, they were allocated to specific wards so patients could be seen consistently and provided with an effective course of treatment with the aim of improving referral to discharge time, patient outcomes, and patient satisfaction. The success of this initiative and others from Mega March were assessed and evaluated in order to capture all learning and decide which would be developed further and continued into the year.

People

In the past year, the Trust has effectively maintained a workforce turnover rate of just over 10%, and we are aiming to reduce our turnover into single figures with the target for the next financial year to remain under 10%. A large acute NHS trust for example, will typically have a turnover rate of between 10-12%.

As one of the first trusts to take part in the NHS England People Promise Programme we have a People Promise Manager in post (until September 2024) and are continuing our work on becoming a fully accredited Menopause Friendly Employer and developing the overall employee experience.

We have implemented flexible working policies and committed to the Sexual Safety in Healthcare programme, addressing concerns highlighted by 9% of our staff in the national staff survey who reported experiencing unwanted sexual behaviour in the workplace. During the first week of the programme, we held a number of workshops for staff, and our next one will focus on Surviving in Scrubs, running to increase awareness, campaign against sexism, sexual harassment and sexual assault within the UK healthcare workforce, and advocate for cultural change.

Our collaboration with Wagestream, introducing innovative financial products that facilitate salary streaming where staff can access their salary as it accumulates, savings, and financial education, has evolved including a new credit builder credit card and flexible loans is set to launch in July 2024. These efforts underscore our commitment to improving both the working conditions and financial wellbeing of our staff as we continue to tackle ongoing challenges..

Embracing diversity

Our EDI strategy has been created to help us deliver against the NHS England High Impact Actions and to foster a culture of diversity and inclusivity by advancing equality, addressing workforce representation, and amplifying diverse voices.

We are continuing to run Equality Impact Assessments (EIAs) to ensure our policies reflect our dedication to equality and recent EIAs were completed across recruitment and selection, annual leave, and car parking.

Men's health

Through March and April, we focused on supporting teams and staff with guidance and opportunities to share experiences and advice on all elements of inclusivity, wellbeing, and health. Addressing men's health, we held confidential drop-in sessions to discuss the multifaceted health issues impacting men. We have also developed a partnership with Mentell, a charity which offers safe networks and groups for men aged 18+ to talk or just listen in a safe and confidential space. We delivered a successful webinar alongside the charity with plans now in place to run a Men's forum and further support our Health and Wellbeing days with support from Mentell.

Neurodiversity Week celebrations

We highlighted the many achievements of our neurodiverse staff and provided educational resources to enhance workplace inclusivity, which included a newsletter detailing the successes of our staff and carers network, the rollout of a managerial guide on supporting neurodiverse conditions such as Dyslexia, Autism, and ADHD and we ran webinars aimed at broadening understanding of neurodiversity, especially in recruitment practices, to foster a more inclusive environment across the trust.

Staff networks and engagement

Our Rainbow Network has developed an Inclusion Scorecard to track progress on key priorities across the trust. Additionally, we are enhancing leadership understanding of diversity and a managerial guide is being created to better support carers within our workforce.

We have also continued to highlight the impacts of miscommunication, particularly where we have a diverse workforce with many different languages and cultures, promoting mindfulness and respectful interactions across our teams along with different cultural themes for our menus including the UK's Patron Saints' days and Islam during the period of Ramadan.

International Women's Day

Organised by our Women of the World network, a number of our female leaders (Eleanor Shingleton-Smith, Deputy Chief People Officer, Professor Geeta Menon, consultant ophthalmic surgeon and Melanie van Limborgh, Chief Nurse led a webinar to each share their perspectives on 'what would you tell your younger self?' Feedback was overwhelmingly positive, with colleagues sharing that they felt 'inspired' by the event.

Culture and Leadership Programme

In 2023 we ran a Culture and Leadership Programme discovery phase, which has now informed our 2024/2025 people plan. The plan integrates 41 recommendations from this phase and will be driven across individual, management and organisational levels to create a comprehensive culture transformation across the trust.

We will focus on compassionate and supportive leadership at all levels to support and embody the culture and values of our workforce and help everyone know they have a voice that counts. Team-based working will also help enable team decision making, rather than by individuals, and learning, continuous improvement, and innovation will underpin how we deliver equality of experience, outcome, and quality of life for our patients. This will actively contribute to safe and effective practice.

The CLP team will now work alongside our strategy colleagues to embed its recommendations into our strategic and organisational plans, particularly as part of the New Hospital Programme.

National staff survey

Following the national staff survey at the end of last year, we achieved some excellent results, with some of our greatest improvements and feedback putting us in the top third of trusts for our staff being recognised and rewarded, feeling that they have a voice that counts, team moral and working flexibly. We were also in the top 20% of trusts for the People Promise elements 'we are always learning' and 'engagement'.

As part of our organisational response to the results and a national focus on tackling discrimination and compassionate leadership, we held a workshop on compassionate leadership in April. Further workshops will take place throughout the year along with guidance and advice on how to improve People Promise scores relating to compassionate leadership, including the use of one-to-one conversations, appraisal, 'go, look, see' and listening events.

Financial position and planning

Full year results for the Trust are still being finalised and are subject to external audit. However, early indications show that we will close the year with a deficit of £10.8m, which is in line with the agreed forecast of £14.5m minus the additional industrial action funding received in the last quarter of the year. Within this total is £33.4m of cost improvements, which means we will finish the year £0.1m ahead of plan. Key challenges throughout the year have been unfunded escalation capacity, a shortfall in inflation funding and spend on outsourced activity. We have fully used our revised capital resource of £67.7m on key projects including M Block, Community Diagnostic Hubs, RAAC mitigation and digital and medical equipment.

2024/25 Business planning

With agreement from our system partners, we submitted an initial deficit plan of £31.0m in March. Our first submission did not provide a financially balanced plan so there have been a series of sessions with each of the directorates and corporate departments to identify further opportunities

to remove cost and work is continuing to identify the remaining target. We are working closely with our ICB partners to agree a revised budget ahead of the final submission to NHSE in May.

Quality

New Care Quality Programme (CQP)

We kicked off our new financial year with a focus on quality and continuous improvement with the launch of our new Care Quality Programme. Although the programme is being led by Melanie van Limborgh, our Chief of Nursing and Midwifery, alongside the Executive Team, it is a Trust-wide initiative to help every member of staff support each other in constantly enhancing our services.

The programme offers support and guidance, not just to help us get ready for any CQC assessment or on-site inspection but is also a collective effort to make sure continuous improvement is at the core of everything we do.

Ward accreditation programme launch

As part of our drive for continuous improvement across the trust and our CQP initiative, we have launched a ward accreditation programme that provides assurance for patients and their friends and family regarding the care a word or department provides. Building on work that was conducted as part of our Magnet4Europe project, alongside learning from other trusts, we have created the Frimley Health Star Clinical Accreditation Model. This model will assess and accredit all patient-facing wards and services in the following areas:

1. Infection prevention and control
2. Medicines management
3. Harm free care
4. End of life care
5. Safeguarding and mental health
6. Health and safety
7. Environment
8. Patient experience
9. Leadership

So far both of our emergency departments have completed the accreditation programme and we will continue to roll the programme out across the Trust.

Developments and achievements

AI project in the running for HSJ Digital Award

An innovative Frimley Health artificial intelligence (AI) technology project has been shortlisted for a prestigious HSJ Digital Award. Digital assistant 'Dora' is used to make surgical follow-up calls to cataract patients. By replacing a nurse-led call and having the capacity to make multiple simultaneous calls at the convenience of patients, all calls are made at the optimal two-week period after surgery. The previous 10-week backlog for calls has been cleared and hundreds of hours of nursing time has been freed within the Trust's eye department. Dora has proved very popular with patients.

Kings Medals for duo

Frimley Health colleagues Alex Stamp and Alistair Smith have been awarded King Charles III Coronation medals as a "thank you from the nation" for supporting coronation events last year. With thousands of people heading to Windsor over the coronation weekend last May, including for the coronation concert, Alex, Director of Performance, and Alistair, Head of Emergency Preparedness, Resilience and Response, were tasked with pulling together Trust plans to cover all eventualities. Alex and Alistair received letters from Amanda Pritchard, Chief Executive of NHS England, with their medals.

Health Secretary's Heatherwood tech tour

Health and Social Care Secretary Victoria Atkins visited Heatherwood Hospital in March to hear how our digital programmes are improving patient care and experience. She toured Heatherwood soon after the Government's announcement that it would be investing an additional £3.4billion in NHS digital technology. She heard how our Epic electronic patient record is making theatres more efficient, learned about the MyFrimleyHealth Record patient app for bookings and outpatient appointments, and discovered how AI digital assistant 'Dora' has been helping patients (see above).

Cardiac physiologist appointed lead for cardiac and respiratory course

Congratulations to Oomesh 'Kish' Kishto, who has been appointed course lead for cardiac and respiratory at Brunel University. Kish works as a cardiac physiologist at Frimley Park Hospital. Nationally there is a shortage of cardiac physiologists, so having his leadership of a course that is based so close to our catchment could be very advantageous, both to secondary care locally and the community diagnostic centres in Slough and Heatherwood.

National Preceptorship Interim Quality Mark (IQM)

Our clinical education team was recognised at a national level and awarded a National Preceptorship Interim Quality Mark (IQM), which was introduced in 2022 and is seen as the gold standard by NHS England. The award, which is valid for two years, is a huge achievement and recognises the team's work on our nursing preceptorship programme, which aims to welcome and integrate newly registered professionals into their new team and place of work. It helps them to translate their knowledge into everyday practice and grow in confidence.

Report Title	**2024/25 FHFT Operating Plan – FINAL Draft**
Meeting and Date	Public Board of Directors, Friday 3 May 2024
Agenda Item	9.
Author and Executive Lead	Executive Lead: Ellis Pullinger, Chief Operating Officer (Interim) James Clarke, Chief Strategy Officer Authors: Laura Carberry, Associate Director of Strategy (Interim)
Executive Summary	The aim of this draft 2024/25 Frimley Health Foundation Trust Operating Plan is to offer an overview of our plans and priorities for the year ahead. It aligns with our ambitious 2020- 2025 'Our Future FHFT' Strategy which established a framework for the organisation and included 6 Strategic Objectives that would be supported over the 5 years and links our longer-term plans and priorities to the shorter timeframe of this year. It also considers the 2024/25 priorities and operational planning guidance issued by NHS England on 27 March 2024, delivering and/ or exceeding these wherever realistic and safe to do so. It feeds into Frimley Integrated Care Board's Operating Plan which is the formal NHS submission for our system. We have followed the national timetable with submissions as a system on 29 February and 21 March 2024; our last Operating Plan submission as a system will be on 2 May 2024. Further to this, our Integrated Care System's Joint Forward Plan (JFP) will be refreshed and submitted by the end June 2024. 2024/25 FHFT Operating Plan- Headlines In 2024/25, we will: Bed Base • aim for an annual average bed base (general and acute) of up to 1,400 through this year which includes Heatherwood and a 'Normal' Winter less the impact of RAAC (-28 Beds) and with an increase when our Inpatient and Diagnostics Unit (known as M Block) opens from January 2025 (+74 Beds). *NB: this aligns with our Finance and Workforce Plans which exclude Community Beds, De-Escalation Plans and Heathlands II.* *Although we diverge from the guidance which asks systems to maintain the capacity expansion delivered through 2023/24, maintaining the general and acute beds as a*

minimum at the level funded and agreed through operating plans in 2023/24- we will deliver on the asks of systems to:

i. *increase the productivity of acute and non-acute services across bedded and non-bedded capacity, improving flow and length of stay, and clinical outcomes; and*

ii. *collaborate with our partners to continue to develop services that shift activity from acute hospital settings to settings outside an acute hospital for patients with unplanned urgent needs, supporting proactive care, admissions avoidance, and hospital discharge.*

Cancer
- improve performance against the headline 62-day standard to 80% by March 2025 (exceeding the national target of 70% by March 2025).
- Improve performance against the 28-day Faster Diagnosis Standard to 85% by March 2025 (exceeding the national target of 77% by March 2025 towards the 80% ambition by March 2026).
- Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028.

Community Services
- improve community services waiting times, with a focus on reducing long waits.

Diagnostics
- increase the percentage of patients that receive a diagnostic test within six weeks in line with the national March 2025 ambition of 95%.

Elective Care (Planned Care)
- eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties) as well as ensure a further reduction in waits over 52 weeks and our overall waiting list (exceeding the national target re 65 week waits).
- deliver 119% of the Elective Care (Elective Recovery Fund) system activity target which is 115% (exceeding the national value weighted activity target of 107%).
- increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25.
- improve patients' experience of choice at point of referral.

Emergency Care
- improve A&E waiting times, compared to 2023/24, with a minimum of 78% patients seen within 4 hours in March 2025.
- deliver an improvement in our Non-Elective Length of Stay (NEL LoS).

Maternity, Neonatal and Women's Health
- continue to implement the Three-year delivery plan for maternity and neonatal services, including making progress towards the national safety ambition and increasing fill rates against funded establishment.

Quality and Patient Safety
- continue to implement the Patient Safety Incident Response Framework (PSIRF).

Use of Resources
- aim to improve on our £27.2m forecast deficit to further reduce the overall system forecast deficit of £51m.
  NB: this currently diverges from the ask in the guidance to deliver a balanced net system financial position for 2024/2.
- aim to deliver a Cost Improvement Programmes (CIPs) target value of £45m this year (including both efficiency improvements and run rate savings).
- reduce agency spending at FHFT to <3% (exceeding the reduction in agency spending target across the NHS- a maximum of 3.2% of the total pay bill across 2024/25).

Workforce
- improve the working lives of all staff and increase staff retention and attendance through systematic implementation of all elements of the People Promise retention interventions.
- improve the working lives of doctors in training by increasing choice and flexibility in rotas, and reducing duplicative inductions and payroll errors.
- provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan.

The above aligns with our 'Our Future FHFT' Strategy and our annual FHFT Objectives that we will be focusing on this year:

'Our Future FHFT' Strategy- 6 Strategic Objectives over 5 years	2024/25 FHFT Objectives
1. Improving Quality for Patients	Achieve a CQC rating of 'Outstanding' overall alongside delivering improvements in Patient Experience and Safety.
2. Supporting our People	Be a 'Great Place to Work' by delivering improvements in Employee Experience and Retention.
3. Collaborating with our Partners	Achieve our Cancer, Diagnostics, Elective (Waiting List) and Emergency Care Targets.
4. Transforming our Services	Deliver our Community Diagnostic Centre in Slough, our Inpatient and Diagnostic Unit (known as M Block) at Frimley Park Hospital and select a site for the new Frimley Park Hospital opening in 2030, delivering clinical services in facilities that meet the needs of our Patients and our Population.
5. Making our Money Work	Achieve our Financial Plan for 2024/25, improving our productivity and carefully managing our capital spend.
6. Advancing our Digital Capability	Ensure we are maximising the benefits of Epic (our new digital patient record system) alongside the delivery of the Digital Projects Portfolio for this year.

Next Steps
We will continue to develop and iterate our plans as well as monitor and oversee progress through the year.

	We will also feed into the final Frimley Integrated Care Board's Operating Plan submission on 2 May 2024 and further inform our Integrated Care System's Joint Forward Plan (JFP) which will be refreshed and submitted by the end June 2024.
Action	The Trust Board is asked to: • **APPROVE** the 2024/25 FHFT Operating Plan.
Compliance	Matters Reserved for the Board

Our future FHFT

Our Operating Plan 2024-25

Operating Plan at 29 April 2024

Committed To Excellence | **Working Together** | **Facing The Future**

Contents

Executive Summary

The aim of this draft 2024/25 Frimley Health Foundation Trust Operating Plan is to offer an overview of our plans and priorities for the year ahead.

It aligns with our ambitious 2020- 2025 'Our Future FHFT' Strategy which established a framework for the organisation and included 6 Strategic Objectives that would be supported over the 5 years and links our longer-term plans and priorities to the shorter timeframe of this year.

It also considers the 2024/25 priorities and operational planning guidance issued by NHS England on 27 March 2024, delivering and/ or exceeding these wherever realistic and safe to do so.

It feeds into Frimley Integrated Care Board's Operating Plan which is the formal NHS submission for our system.

We have followed the national timetable with submissions as a system on 29 February and 21 March 2024; our last Operating Plan submission as a system will be on 2 May 2024.

Further to this, our Integrated Care System's Joint Forward Plan (JFP) will be refreshed and submitted by the end June 2024.

2024/25 FHFT Operating Plan- Headlines

In 2024/25, we will:

Bed Base

- aim for an annual average bed base (general and acute) of up to 1,400 through this year which includes Heatherwood and a 'Normal' Winter less the impact of RAAC (-28 Beds) and with an increase when our Inpatient and Diagnostics Unit (known as M Block) opens from January 2025 (+74 Beds).
  NB: this aligns with our Finance and Workforce Plans which exclude Community Beds, De-Escalation Plans and Heathlands II.
  Although we diverge from the guidance which asks systems to maintain the capacity expansion delivered through 2023/24, maintaining the general and acute beds as a minimum at the level funded and agreed through operating plans in 2023/24- we will deliver on the asks of systems to:
  i. increase the productivity of acute and non-acute services across bedded and non-bedded capacity, improving flow and length of stay, and clinical outcomes; and
  ii. collaborate with our partners to continue to develop services that shift activity from acute hospital settings to settings outside an acute hospital for patients with unplanned urgent needs, supporting proactive care, admissions avoidance, and hospital discharge.

Cancer

- improve performance against the headline 62-day standard to 80% by March 2025 (exceeding the national target of 70% by March 2025).
- Improve performance against the 28-day Faster Diagnosis Standard to 85% by March 2025 (exceeding the national target of 77% by March 2025 towards the 80% ambition by March 2026).
- Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028.

3

Community Services

- improve community services waiting times, with a focus on reducing long waits.

Diagnostics

- increase the percentage of patients that receive a diagnostic test within six weeks in line with the national March 2025 ambition of 95%.

Elective Care (Planned Care)

- eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties) as well as ensure a further reduction in waits over 52 weeks and our overall waiting list (exceeding the national target re 65 week waits).
- deliver 119% of the Elective Care (Elective Recovery Fund) system activity target which is 115% (exceeding the national value weighted activity target of 107%).
- increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25.
- improve patients' experience of choice at point of referral.

Emergency Care

- improve A&E waiting times, compared to 2023/24, with a minimum of 78% patients seen within 4 hours in March 2025.
- deliver an improvement in our Non-Elective Length of Stay (NEL LoS).

Maternity, Neonatal and Women's Health

- continue to implement the Three-year delivery plan for maternity and neonatal services, including making progress towards the national safety ambition and increasing fill rates against funded establishment.

Quality and Patient Safety

- continue to implement the Patient Safety Incident Response Framework (PSIRF).

Use of Resources

- aim to improve on our £27.2m forecast deficit to further reduce the overall system forecast deficit of £51m.
  NB: this currently diverges from the ask in the guidance to deliver a balanced net system financial position for 2024/2.
- aim to deliver a Cost Improvement Programmes (CIPs) target value of £45m this year (including both efficiency improvements and run rate savings).
- reduce agency spending at FHFT to <3% (exceeding the reduction in agency spending target across the NHS- a maximum of 3.2% of the total pay bill across 2024/25).

Workforce

- improve the working lives of all staff and increase staff retention and attendance through systematic implementation of all elements of the People Promise retention interventions.
- improve the working lives of doctors in training by increasing choice and flexibility in rotas, and reducing duplicative inductions and payroll errors.
- provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan.

4

The above aligns with our 'Our Future FHFT' Strategy and our annual FHFT Objectives that we will be focusing on this year:

'Our Future FHFT' Strategy- 6 Strategic Objectives over 5 years	2024/25 FHFT Objectives
1. Improving Quality for Patients	Achieve a CQC rating of 'Outstanding' overall alongside delivering improvements in Patient Experience and Safety.
2. Supporting our People	Be a 'Great Place to Work' by delivering improvements in Employee Experience and Retention.
3. Collaborating with our Partners	Achieve our Cancer, Diagnostics, Elective (Waiting List) and Emergency Care Targets.
4. Transforming our Services	Deliver our Community Diagnostic Centre in Slough, our Inpatient and Diagnostic Unit (known as M Block) at Frimley Park Hospital and select a site for the new Frimley Park Hospital opening in 2030, delivering clinical services in facilities that meet the needs of our Patients and our Population.
5. Making our Money Work	Achieve our Financial Plan for 2024/25, improving our productivity and carefully managing our capital spend.
6. Advancing our Digital Capability	Ensure we are maximising the benefits of Epic (our new digital patient record system) alongside the delivery of the Digital Projects Portfolio for this year.

Next Steps

We will continue to develop and iterate our plans as well as monitor and oversee progress through the year.

We will also feed into the final Frimley Integrated Care Board's Operating Plan submission on 2 May 2024 and further inform our Integrated Care System's Joint Forward Plan (JFP) which will be refreshed and submitted by the end June 2024.

1. Introduction

The aim of this draft 2024/25 Frimley Health Foundation Trust Operating Plan is to offer an overview of our plans and priorities for the year ahead.

It briefly considers the context in delivering Healthcare locally, nationally and regionally and captures our main achievements in the challenging year of 2023/24 and how we plan to build on these in the upcoming year.

It also details our plans for 2024/25, briefly covering the expectations for the year, and describing our key objectives, outline plans and priorities whilst ensuring that our six longer-term strategic objectives are supported and that the focus is maintained on realising our vision "to be a leader in health and wellbeing delivering exceptional services for our communities".

Context- Local, National and Regional

Frimley Health NHS Foundation Trust is a collaborative healthcare organisation and the delivery of our operating plan and our longer-term overarching strategy does not happen in isolation from our partners and our system.

The health and care sector continuously evolves to meet many substantial challenges. Understanding the context for the delivery of our operating plan is crucial as it highlights the significant challenges we will face in the upcoming year.

From a Situational Analysis completed in November 2023, we identified several key difficulties:

- **Adaptability:** We need to be proactive and flexible in our responses, drawing on lessons learned from COVID-19.
- **Infrastructure Concerns:** Our inclusion in the New Hospital Programme acknowledges issues with our facilities, particularly related to RAAC (Reinforced Autoclaved Aerated Concrete).
- **Industrial Action:** Strikes are putting additional pressure on our resources.
- **Service Demand:** The demand for both elective and emergency services is consistently growing.
- **Financial Health:** Our financial position is worsening significantly.
- **Integrated Care System Development:** Our system is evolving with broad legal powers and responsibilities.
- **Expectations of Stakeholders:** Patients, the public, and staff have expectations for alternative care options (at home, digital, virtual, etc.), different working methods, and are affected by cost-of-living pressures.
- **Workforce Challenges:** We face ongoing staff shortages and vacancies.

Given these challenges, it is essential for FHFT to have a well-structured operational plan to meet key targets for the year ahead.

National

At a national level, our priorities and plans for the coming year align with the NHS Long Term Plan (2019) and this year's NHSE 2024/25 priorities and operational planning guidance (27 March 2024). The most immediate priority continues to be the recovery of core services and productivity following the pandemic, while making further improvements to access, quality and safety. The long-term ambition remains to transform the NHS to be fit for the future and to improve population health more broadly.

The key priorities are:

- Maintaining the collective focus on the quality and safety of services- with specific reference to maternity and neonatal services.
- An improvement to ambulance response and accident and emergency (A&E) waiting times.
- A reduction in waits of over 65 weeks for elective care and an improvement in core cancer and diagnostic standards.
- Improving access to community and primary care services, including dentistry.
- Improving access to mental health services for patients across all age groups.
- Improving staff experience, retention and attendance.
- Integrated care boards (ICBs), trusts and primary care providers to work together to plan and deliver a balanced net system financial position.

The guidance emphasises that, having increased capacity in recent years, the NHS must now consolidate this by improving productivity and optimising its resources, given the flat real terms financial settlement for 2024/25.

The guidance highlights several important areas for health systems to focus on:

- Improving health and coordinating care: health systems are asked to refresh their joint forward plans by June 2024, setting out how they will better connect care services and tackle health issues.
- Growing teams: health systems are asked to ensure as part of their plan that they have enough skilled staff to care for our population. This includes doctors, nurses, and other healthcare professionals who are essential for maintaining everyone's health.
- Enhancing infrastructure and equipment: health systems will be asked to develop long-term plans and strategies to upgrade hospital buildings and facilities. This includes improving equipment and ensuring spaces are safe and comfortable for all visitors.
- Embracing data and technology: health systems will also be asked to look at ways they can prioritise the use of technology to streamline processes. This includes implementing electronic records and apps to facilitate easier access to health information and communication.

Regional
FHFT forms an integral part of the NHS Frimley Integrated Care System and is a core member of the NHS Frimley Integrated Care Board. 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. These strong relationships are seen as central to the success of NHS Frimley.

The planning guidance expects ICBs to work with their system partners to develop operational plans that deliver the key priorities for 2024-25. Our plans for 2024-25 reinforce our Trust and ICBs ethos and commitment to embed integration into the system and 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 operational plan and our longer-term strategy across Frimley ICS. 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.

Local
In line with best practice, FHFT annually reviews its 2020- 2025 'Our Future FHFT' Strategy. This is to ensure that our longer-term strategy continues to remain relevant and meaningful to our population, addresses the system and national requirements and continues to drive the FHFT vision, 'To be a leader in health and wellbeing, delivering exceptional services for our local communities.'

This is supported by our values, which guide everything we do as an organisation and as individuals within the organisation: 'Committed to excellence; Working together; and Facing the future.'

Our ambitious 2020- 2025 'Our Future FHFT' Strategy established a framework for the organisation, including 6 Strategic Objectives that would be supported over the 5 years and providing a clear framework for the organisation to work to. Each strategic ambition has SMART objectives to achieve by the end of our five-year journey, (see Figure 1) as well as SMART objectives identified as part of our Operating Plan every year, (see Figure 2).

Figure 1: 2020- 2025 Objectives over 5 years

Figure 2: 2024/25 Objectives over 1 year

Ambition	2024/25 Objectives
Improving Quality for Patients	Achieve a CQC rating of 'Outstanding' overall alongside delivering improvements in Patient Experience and Safety.
Supporting our People	Be a 'Great Place to Work' by delivering improvements in Employee Experience and Retention.
Collaborating with our Partners	Achieve our Cancer, Diagnostics, Elective (Waiting List) and Emergency Care Targets.
Transforming our Services	Deliver the Community Diagnostic Centre in Slough, the Inpatient and Diagnostic Unit (known as M Block) at Frimley Park Hospital and select a site for the new Frimley Park Hospital opening in 2030, delivering clinical services in facilities that meet the needs of our Patients and our Population.
Making our Money Work	Achieve our Financial Plan for 2024/25, improving our productivity and carefully managing our capital spend.
Advancing our Digital Capability	Ensure we are maximising the benefits of EPIC (our new digital patient record system) alongside the delivery of the Digital Projects Portfolio for this year.

This operational plan details the actions for this coming year (2024/25) and provides an overview of the objectives and how the teams plan to meet these objectives.

2023/24 Achievements and Challenges

In 2023/24, our achievements are covered in table 1:

Table 1: 2023/24 achievements against our Strategic Objectives	Improving quality for patients	Supporting our people	Collaborating with our partners	Transforming our services	Making our money work	Advancing our digital capability
We were assessed by the CQC as 'Good' for Maternity Services- maintaining our rating.	✓	✓	✓	✓		
We delivered improvements for our People and reduced our Agency Spend (from £4m to £2.2m), Time to Hire (from 89 to 43 days), Turnover (from 15% to 10.6%) and Vacancy Rate (from 13.9% to 8.5%).	✓	✓		✓	✓	
We committed to being a Menopause Friendly Trust and to the Sexual Safety in Healthcare Charter.	✓	✓				
We were one of the top performing trusts in the NHS National Staff Survey for yearly improvement (in the top ten, 20% or 25% for key questions linked to our People Promise).	✓	✓				
We delivered improvements in Operational Performance by achieving the 4hr A&E Standard of 76% and reducing our Waiting Lists including our Cancer over 62 Days (overall reduction of ~25%), Diagnostics (overall reduction of ~64%) and for Patients waiting over 65 and 78 Weeks.	✓	✓	✓	✓	✓	✓
The arrival of the Frimley Excellence programme which has already overseen training of more than 1,400 staff in continuous quality improvement methodologies, resulting in significant improvements in quality and patient experience.	✓	✓	✓	✓	✓	
We were reaccredited as an endometriosis centre by the British Society for Gynaecological Endoscopy (BSGE) which means that the hospital continues to be recognised as a specialist centre for treating and managing the condition, which affects about 1.5m women in the UK.	✓	✓	✓	✓	✓	
Frimley Health has been one of the top two recruiting sites for a pioneering LIDS trial (studying the ability of oral drug linsitinib to tackle and treat thyroid eye disease), out of 35 centres worldwide.	✓	✓	✓	✓	✓	
Achieved our CIP Efficiency Plan of £33.4m for 2023-24, exceeding for the first time our Target.		✓			✓	
Our Electronic Patient Record (EPR), Epic was further stabilised and we delivered improvements to our Infrastructure and overall resilience and security.	✓	✓	✓	✓	✓	✓
We delivered an increase in the My Frimley Health Record and the No of Patients signing-up (126k Patients as at Dec 2023).	✓	✓		✓	✓	✓
We introduced an innovative artificial intelligence (AI) digital assistant 'Dora' who has been making surgical follow-up calls to assess cataract patients, saving around 400 follow-up appointments per month, freeing up hundreds of hours of nursing time within the Trust's eye department and successfully tackling a growing backlog.	✓	✓		✓	✓	✓

We also faced some tough challenges this year:

- More people are coming to our hospital for urgent care every year.
- The waiting list for appointments is still about 80,000 people, and we're only hitting about 50% against the 92% target for getting people seen quickly.
- We're also struggling to get cancer patients seen within 62 days. We're only hitting about 70% against the 85% target.
- Patients are staying in the hospital for about 7 days, which is longer than we'd like especially as we've had more patients medically fit for discharge this year compared to last year.
- Our hospital departments are feeling the pressure to handle all the work and balance it with long-term planning.
- It's been tough for our staff with the rising cost of living, and they could use more support.
- There are a lot of job openings in the hospital, which means we're spending a lot on temporary workers.
- Taking care of both the physical and mental health of our staff is still a big priority for us.

Future Opportunities for Strategic Transformation

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

For 2024/25, examples of future opportunities for strategic transformation are included in table 2:

Table 2: 2024/25 Opportunities for Strategic Transformation

Opportunity	Details
Our Care Quality Programme	We have launched a new Care Quality Programme (CQP) to help us build on our recent achievements, ensure that continuous improvement remains at the core of everything we do, now and in the future and helps us focus on what truly matter- offering outstanding care to every patient, every day. It will offer support and guidance so we can all play our part in constantly enhancing our services and be ready for any Care Quality Commission (CQC) assessments and on-site inspections. We're aiming for 'outstanding' in our next rating.
Digital Strategy and Epic	FHFT is digitally mature following the deployment of its Epic EPR in 2022. We have a programme of Epic Optimisation which will leverage the full benefits of EPR deployment, and build on the successes to date, following removal of the legacy systems estate.
Estates and Investments	Frimley Health 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.

10

	Work is also under way on our community diagnostic centre in Slough and on Frimley Park's new £50m diagnostic and inpatient unit (known as M Block), underlining our commitment to investing in healthcare facilities. Finally, our £1.3bn new hospital promises to be a flagship building for the NHS by 2030, to deliver fantastic benefits for our patients and communities and we will continue to develop our plans for this in 2024/25.
Frimley Excellence	As described above, this is our overarching culture and methodology for developing a new approach to promoting Continuous Improvement and efficiency.
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.

11

2. 2024/25 Operational Plan

The aim of this draft 2024/25 Frimley Health Foundation Trust Operating Plan is to offer an overview of our plans and priorities for the year ahead.

It considers the 2024/25 priorities and operational planning guidance issued by NHS England on 27 March 2024, delivering and/ or exceeding these wherever realistic and safe to do so and feeds into Frimley Integrated Care Board's Operating Plan which is the formal NHS submission for our system.

We have followed the national timetable with submissions as a system on 29 February and 21 March 2024; our last Operating Plan submission as a system will be on 2 May 2024. Further to this, our Integrated Care System's Joint Forward Plan (JFP) will be refreshed and submitted by the end June 2024.

Bed Plan
Our 2023/24 Bed Plan was based on a winter peak period requiring 164 additional beds (general and acute) and was based on the delivery of different initiatives and interventions being progressed in our system; each of these initiatives had a lead organisation and a named Senior Responsible Officer.

Actual bed use did not reflect the anticipated demand and in fact we peaked at 1,439 beds (general and acute) which was 160 beds over plan, after taking into account the loss of elective capacity and the addition of Heathlands II.

Our 2024/25 Bed Plan below compares bed demand and supply for our hospitals, (see Table 3) and Figures 3, 4 and 5).

Demand
1. Initial Emergency bed demand (Spells x Length of Stay) is consistent in volumes and monthly profile with last year. There is a slight increase to reflect some 800 additional spells over last year.

2. Elective demand, whilst similar to last year in quantum, is geared to meeting the 65 week plan. This is reliant upon elective bed demand of some 170 beds on average, with elective bed supply of between 129 minimum and 187 maximum.

Supply
3. Bed supply reflects a reduction for:
   a. RAAC 28 beds in all months.
   b. the de-escalation plan (closing 140 beds between March to June).
   c. System efforts to reduce delayed discharges by 45 (at peak), reaching some 180 from 225.
   d. The continued loss of Heathlands II and no replacement (such as fleet).

4. Bed supply reflects an increase for:
   a. Returning and fencing elective day and overnight beds (~170 beds total for electives).
   b. M Block creating 74 beds from 1 January 2025.
   c. A 26 bed increase in private capacity to 46 beds across the Trust.

Impact

The resultant plan requires material improvement in emergency overnight Length of Stay or reduction in admissions, on a level not achieved to date. We are looking for a single year 19% improvement. Actions associated with our de-escalation would, in theory, deliver some 10% and discharge delay reductions would contribute a further 4% but the remaining 5% is currently unspecified. Whilst the demand / supply mismatch is greatest at Wexham the impact on performance is most pronounced at Frimley, until M Block opens.

In the event the emergency demand is reduced it generates significant elective capacity though this would need to be consistently staffed through winter for elective purposes.

Table 3: Bed Plan (General and Acute)

Bed Plan (General and Acute)	2024/25											
	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Demand												
Emergency Beds	1,279	1,325	1,348	1,287	1,295	1,259	1,294	1,378	1,305	1,397	1,281	1,346
System admission reduction (flow 1)	0	0	0	0	0	0	0	0	0	0	0	0
System delayed discharge reduction (flow 4)	0	-4	-8	-10	-14	-18	-25	-32	-37	-45	-45	-45
FHFT (flow 2 + 3)	-71	-112	-140	-140	-140	-140	-140	-140	-140	-140	-140	-140
Elective EL beds	85	82	89	79	84	82	88	86	67	68	73	89
Elective DC beds	85	88	87	90	88	85	93	83	87	66	72	91
Private Beds	47	47	47	47	47	47	47	47	47	47	47	47
Total Demand	*1,425*	*1,425*	*1,423*	*1,353*	*1,360*	*1,315*	*1,356*	*1,422*	*1,329*	*1,393*	*1,288*	*1,387*
Supply												
Initial Emergency Beds	1,273	1,296	1,318	1,318	1,318	1,318	1,318	1,318	1,318	1,318	1,318	1,318
RAAC	-28	-28	-28	-28	-28	-28	-28	-28	-28	-28	-28	-28
De-escalation	-71	-112	-140	-140	-140	-140	-140	-140	-140	-140	-140	-140
M Block	0	0	0	0	0	0	0	0	0	74	74	74
End Emergency beds	1,174	1,156	1,150	1,150	1,150	1,150	1,150	1,150	1,150	1,224	1,224	1,224
Elective EL beds	93	93	93	93	93	93	93	90	78	68	68	93
Elective DC beds	94	94	94	94	94	94	94	94	61	61	61	94
Private Beds	47	47	47	47	47	47	47	47	47	47	47	47
Total Supply	*1,408*	*1,390*	*1,384*	*1,384*	*1,384*	*1,384*	*1,384*	*1,381*	*1,336*	*1,400*	*1,400*	*1,458*
Bed Occupancy	101%	103%	103%	98%	98%	95%	98%	103%	99%	99%	92%	95%
Bed Surplus/ Deficit	-17	-35	-39	31	24	69	28	-41	7	7	112	71

13

Figure 3: Bed Plan (All Sites)

BED PLAN (ALL SITES)

Legend:
- Emergency beds
- Elective and Day beds
- Private beds
- Unmitigated demand
- Mitigated demand
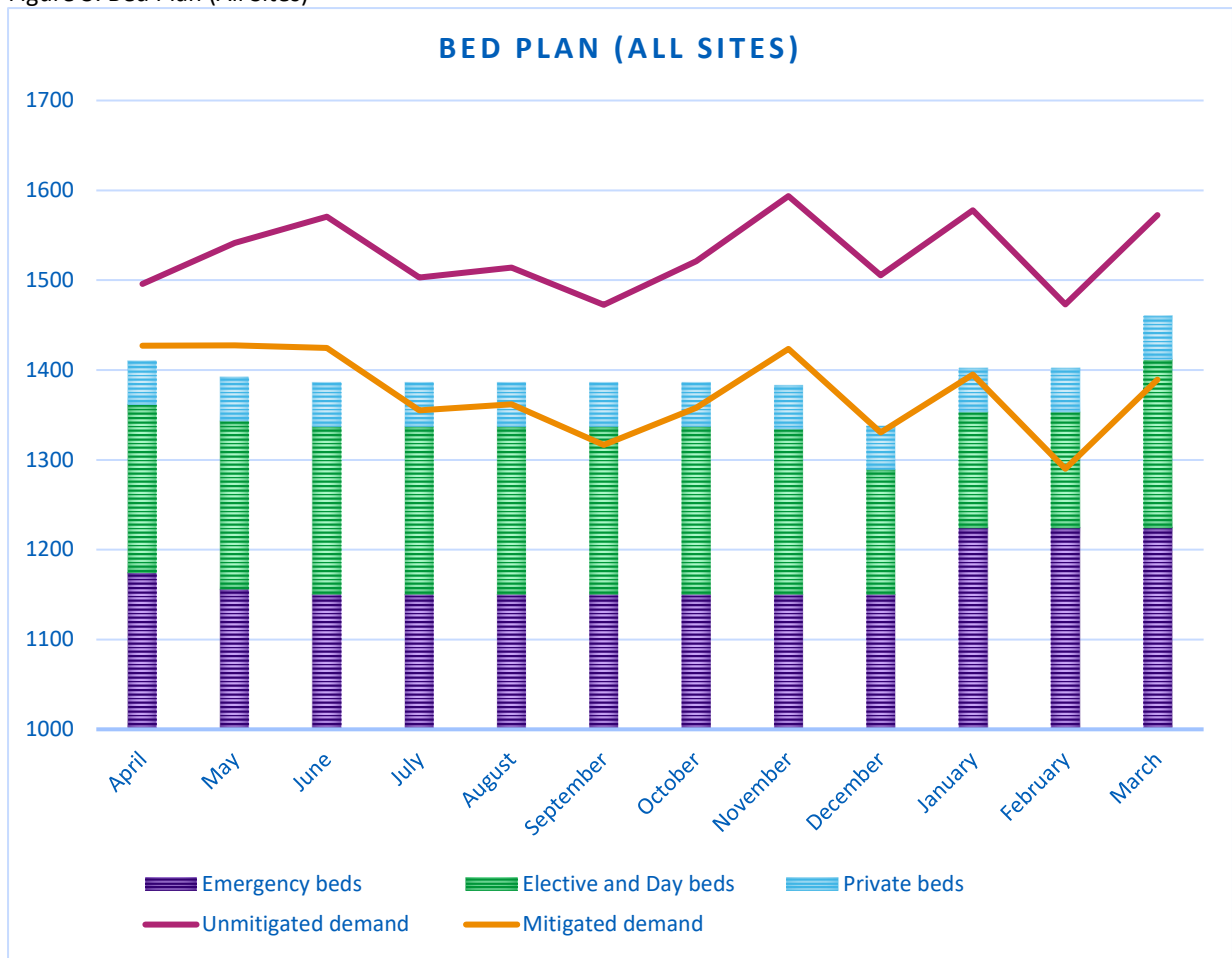
Figure 4: Annualised Bed Supply

ANNUALISED BED SUPPLY

Category	Value
Initial Emergency Beds	1312
RAAC	-28
De-escalation	-132
Mblock	19
Elective overnight beds	87
Elective Day beds	86
Private Beds	49

Legend:
- Increase
- Decrease
- Total

14
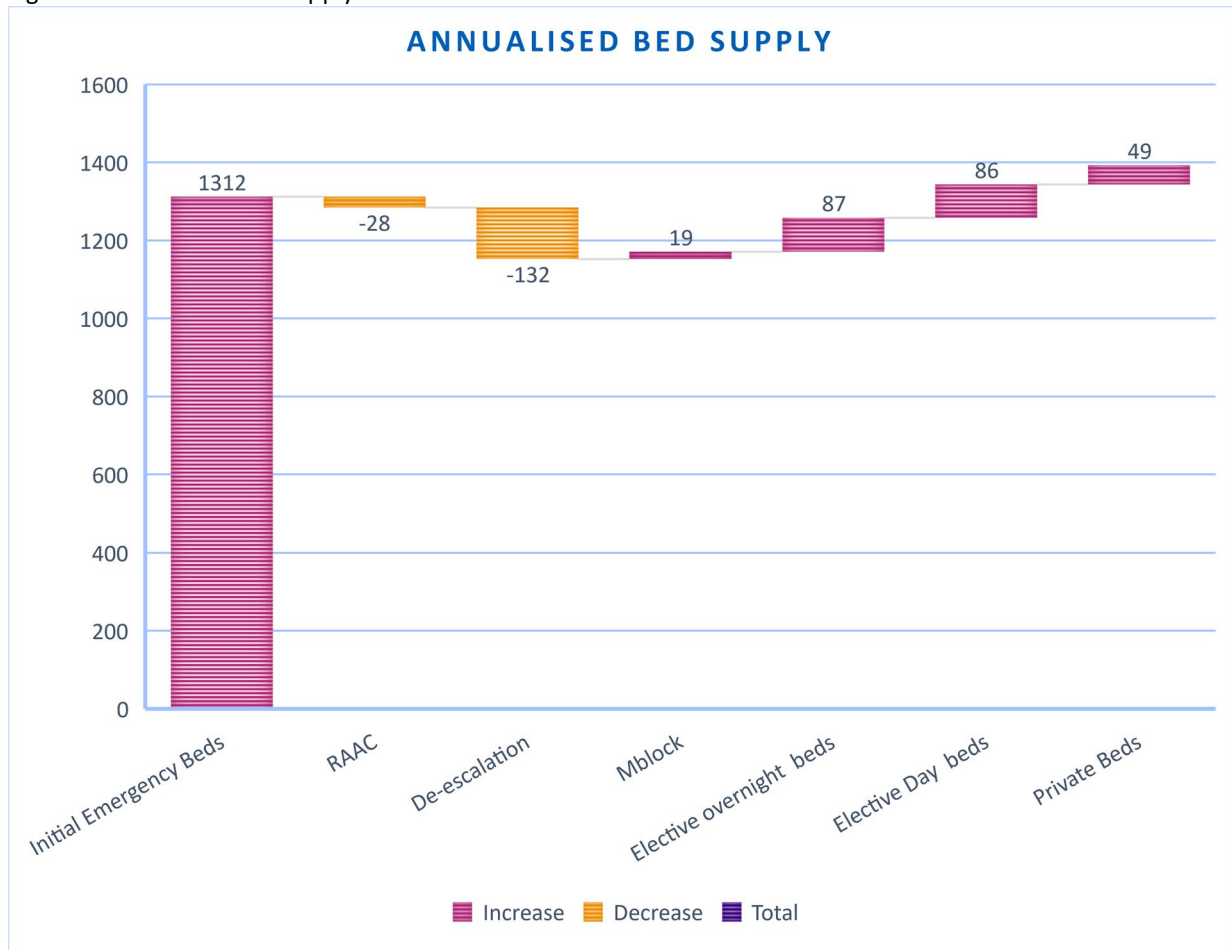
Figure 5: Annualised Bed Demand

ANNUALISED BED DEMAND
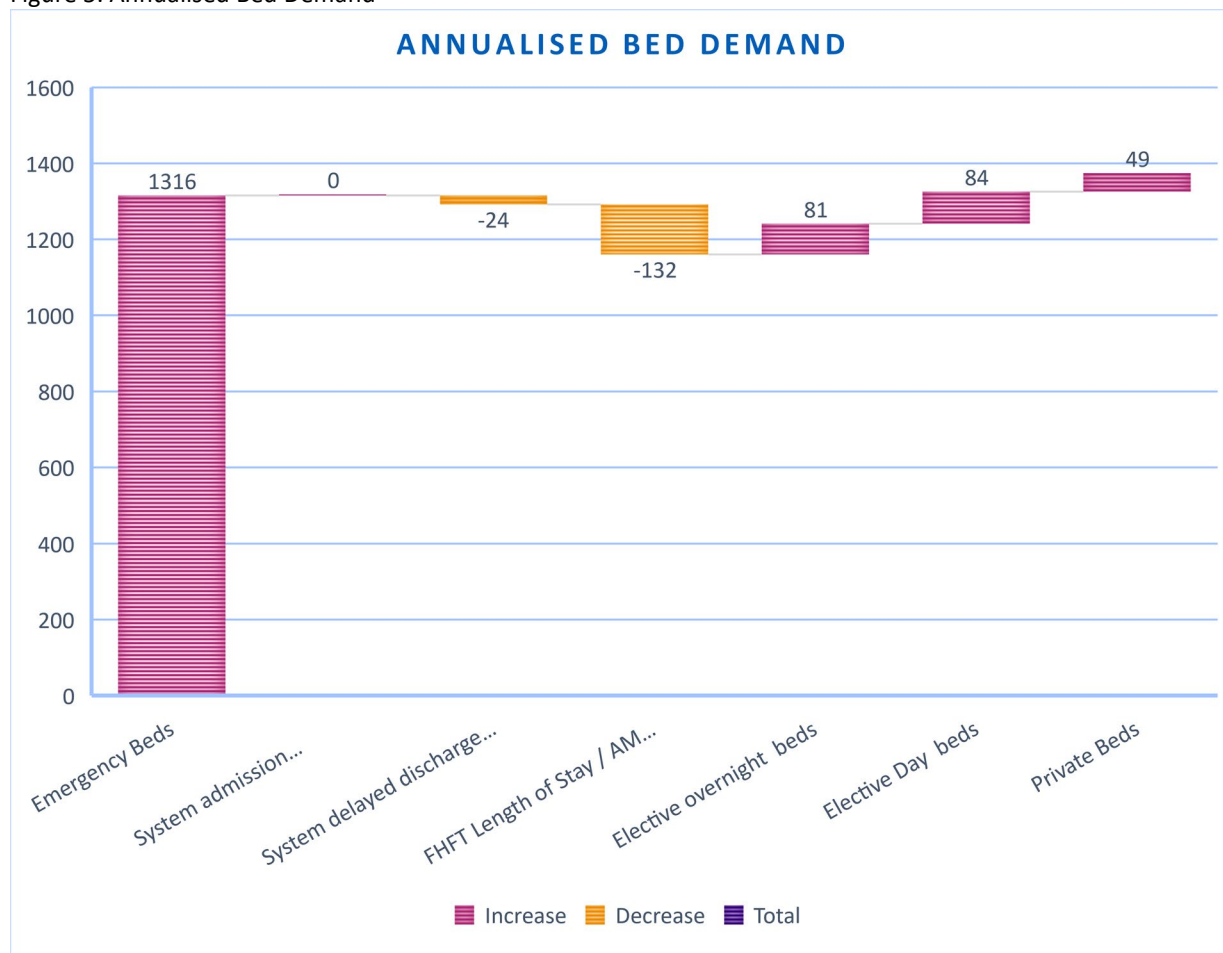
Cancer Care
The ambitions described in the guidance issued by the NHS and the National Priorities are:

➢ Improve performance against the headline 62-day standard to 70% by March 2025.
➢ Improve performance against the 28-day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026.
➢ Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028.

In 2023/24, we achieved a reduction in the backlog for patients waiting over 104 and 62-days for Cancer treatment, while also seeing an increase in our 28-day Faster Diagnosis Standard (FDS) performance despite a 1% increase in referrals and for 2024/25, we are expecting a further increase of 3%.

As above, we will achieve a Cancer 62-day target of 80% and a Cancer 28-day target of 85% locally by March 2025 (exceeding the national targets of 70% and 77% by March 2025), (see Table 4 and Figures 6 and 7).

We will deliver our Cancer Plan as follows:
• additional capacity for Elective patients at Frimley Park and Wexham Park which will support Head and Neck and Gynaecology. Sustaining capacity at Frimley Park through

15

increase in elective capacity due to M Block development which should also support performance.

- Focusing on sustaining backlog reduction through the first half of the year, to then enable greater focus on 62-day compliance for the remaining half of the year.
- increased Faster Diagnosis performance- particularly within Endoscopy and CT- to improve compliance and earlier diagnosis to prevent patients breaching Cancer targets.
- Increase in procedure rooms at Heatherwood will support one-stop pathway for Urological and Skin cancers.
- implement MDT streaming to release time for other clinical activities in line with Cancer Alliance plans.
- lead the roll out of the targeted lung health check programme across our catchment.
- participate in the NHS GRAIL project to roll out a blood test for cancer.
- implement recommendation of cancer alliance reviews of gynaecology and colorectal pathways.

Table 4: Cancer Performance

Cancer Performance	2023/24		2024/25												
	Plan	FOT	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	FOT
28 Day FDS															
Denominator	32,123	25,419	2,760	3,110	3,100	3,220	2,980	3,140	3,400	3,550	2,880	3,180	3,180	2,870	37,370
Numerator	22,775	21,496	2,153	2,426	2,480	2,640	2,444	2,512	2,788	2,947	2,362	2,608	2,672	2,440	30,472
%	70.90%	84.57%	78.01%	78.01%	80.00%	81.99%	82.01%	80.00%	82.00%	83.01%	82.01%	82.01%	84.03%	85.02%	81.54%
62 Day															
Denominator	2,570	3,355	235	255	270	270	245	295	300	325	285	335	310	315	3,440
Numerator	1,928	2,220	167	184	197	200	184	218	228	250	217	255	242	252	2,594
%	75.02%	66.17%	71.06%	72.16%	72.96%	74.07%	75.10%	73.90%	76.00%	76.92%	76.14%	76.12%	78.06%	80.00%	75.41%

Figure 6: Cancer- 28 day Faster Diagnosis Standard (FDS)

CANCER- PATIENTS DIAGNOSED WITHIN 28 DAYS (FASTER DIAGNOSIS STANDARD)

Legend:
- Number of patients diagnosed within 28-days
- Total number of patients diagnosed
- Percentage of patients diagnosised wihtin 28-days

16
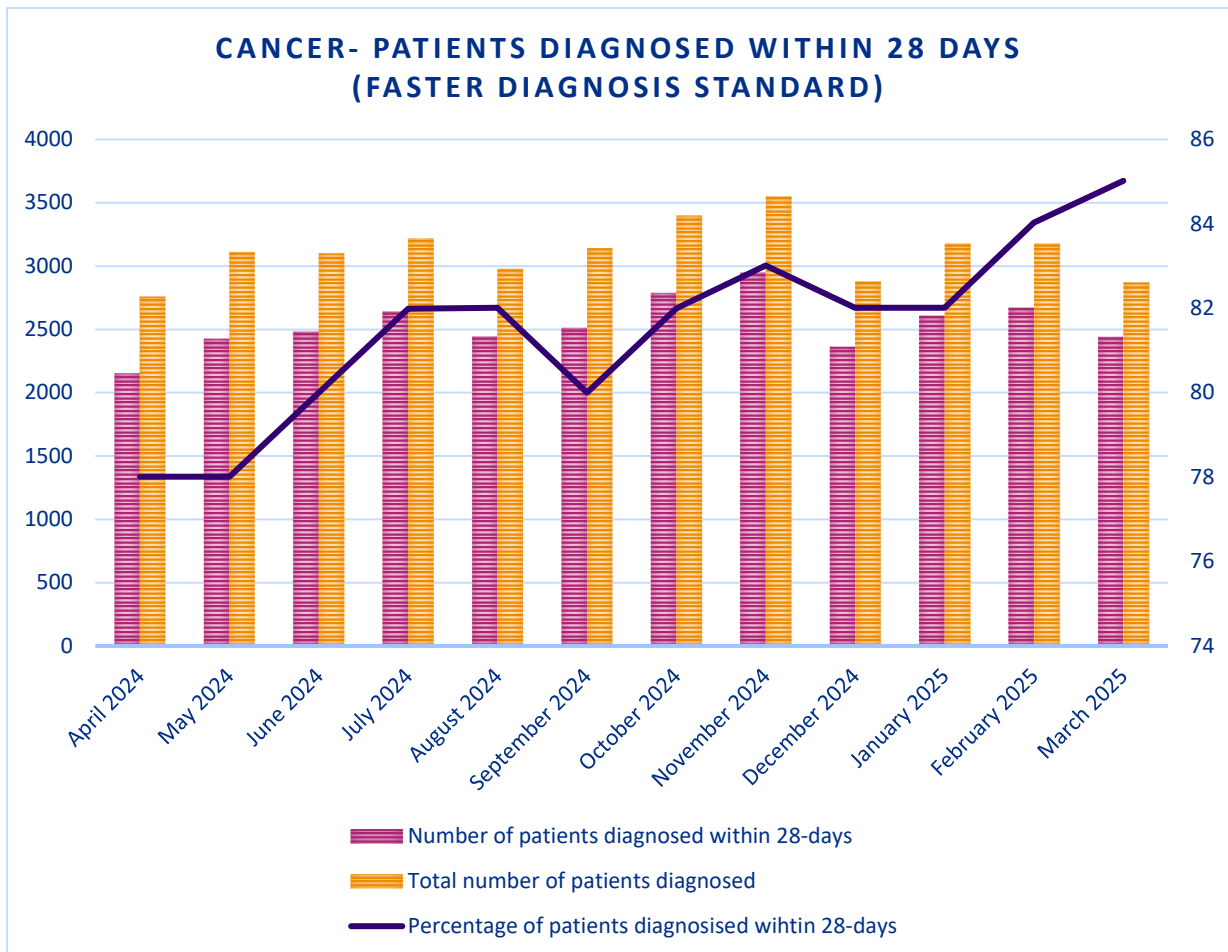
Figure 7: Cancer- 62 day Standard

CANCER- PATIENTS SEEN AND TREATED WITHIN 62 DAYS

Legend:
- Number of patients seen within 62 days
- Total number of patients seen
- Percentage of patients seen within 62 days
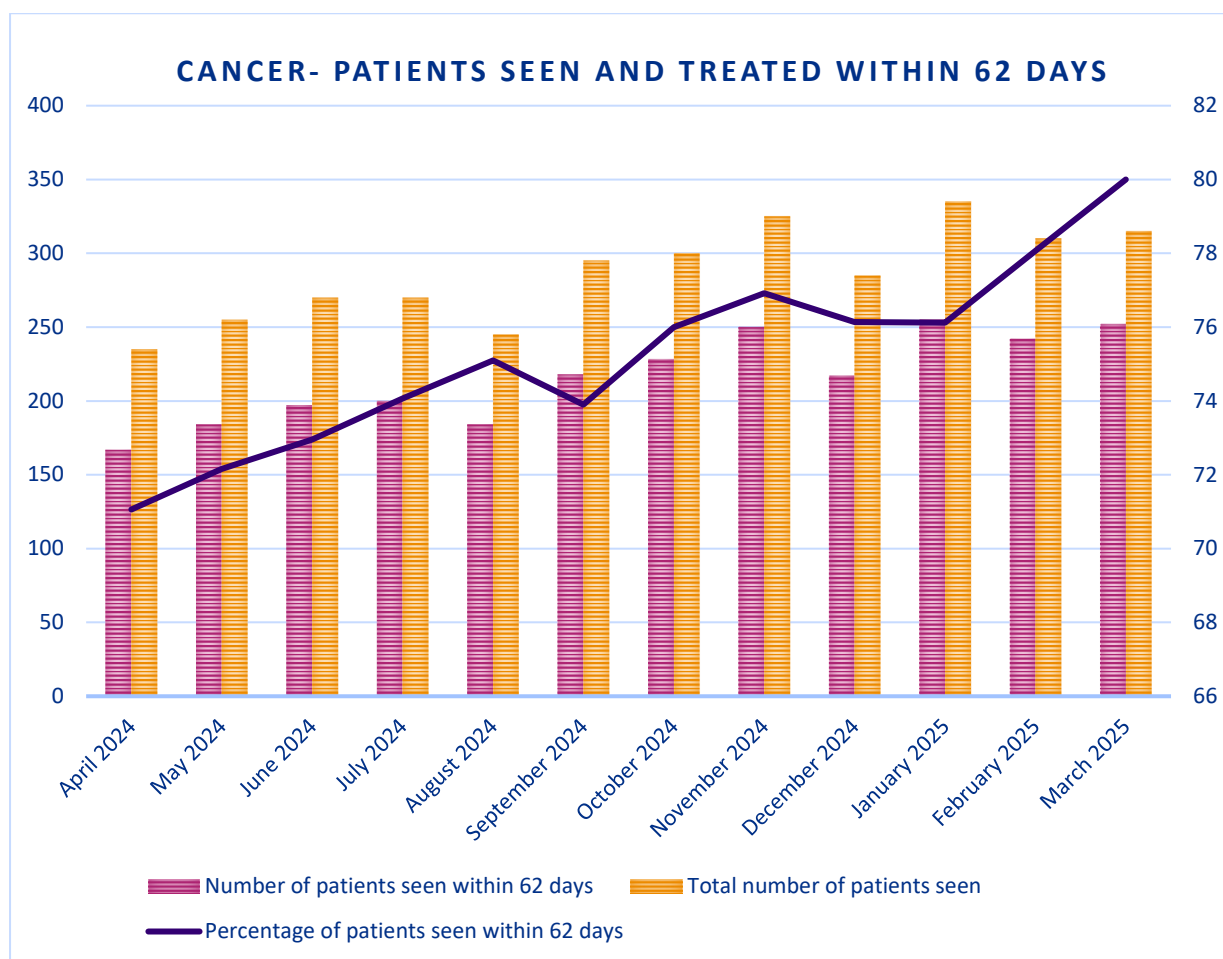
Elective Care

The ambitions described in the guidance issued by the NHS and the National Priorities are:

- ➢ Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties).
- ➢ Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%.
- ➢ Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25.
- ➢ Improve patients' experience of choice at point of referral.

In 2023/24, the challenges continued in Elective Care with our waiting list remaining at circa 80,000 for RTT- notably higher than the Trust performance level. This increase is also reflected in our RTT performance which has averaged circa 50% through the year.

As above, the achievement of 119% in Elective Care is expected at FHFT, incorporating Day Cases, Electives, Outpatients First and Outpatient Procedures (see Table 5), as well as a Diagnostics increase to 95% of diagnostics delivered within 6 weeks; this compares to a national minimum expectation of 85% for those below the 95%.

Table 5: Elective Performance

Elective Performance	2023/24		2024/25												
	Plan	FOT	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	FOT
OP First %	107%	150%	138%	153%	176%	146%	168%	160%	153%	167%	153%	160%	168%	153%	158%
OPPROC %	107%	95%	101%	94%	130%	96%	104%	129%	97%	99%	118%	100%	115%	107%	107%
Day Case %	102%	93%	96%	100%	129%	86%	95%	126%	94%	105%	133%	106%	113%	113%	107%
Elective %	102%	80%	92%	90%	128%	92%	109%	130%	91%	93%	132%	87%	94%	107%	103%
Cost-Weighted Activity (Cumulative)	103%	110%	107%	108%	119%	115%	116%	119%	118%	118%	119%	119%	119%	119%	119%

We are also aiming to reduce our overall Patient Tracking List (PTL)/ Waiting List by 6,157 cases- an approximate reduction of 6%, (see Table 6 and Figure 8) as well as eliminate 65 Week Waits by September 2024 and ensure further reductions in our 52 Week Waits by March 2025, (see Table 6 and Figures 9 and 10).

We will deliver our Elective Plan as follows:

- Elective Improvement and Transformation
  - as above, our aim is for dedicated Elective and Emergency Care resource (Beds, Staff, Theatres, etc.) with Elective Care increasing in profile in the Spring and Summer.
  - Specific focus around ensuring optimal utilisation of Heatherwood- both in terms of in-session utilisation and usage of sessions and subsequent sharing of GIRFT principles with Frimley and Wexham.
  - Work with system partners to lead a review of MSK pathways to improve efficiency and reduce waits in secondary care
  - Implement the Rego system to support effective triage in ophthalmology

- Mutual Aid
  - to address any capacity challenges and where demand exceeds this for Specialties, we will engage Mutual Aid Solutions, e.g. for Dermatology, ENT, Neurology and Pain.

- Outpatient Improvement and Transformation
  - accurate coding and counting and additional capacity at Heatherwood (including at weekends) will enable an increase in Outpatient Procedures alongside improvements in our levels of productivity per session.
  - capacity in Community Outpatients will enable an increase in Outpatient Firsts alongside improvements in our levels of productivity per session.
  - Development of Community pathways in Gynaecology, MSK and ENT (South) to support demand reduction.
  - Focus on productivity within Outpatients- focusing on reducing cancellations and DNAs to support with increasing new patient activity.
  - Reduce avoidable outpatient attendance through increased use of advice and guidance (including improving response times), PIFU and earlier discharge, in specialties with benchmark improvement potential.
  - Improving slot booking and reducing DNA rates to pre-pandemic levels.
  - Capitalise on opportunities for further use of virtual consultations to reduce resource use and support environmental sustainability.

- Theatre Improvement and Transformation
  - additional Day Cases will be delivered alongside improvements in our productivity per session.

18

- we will continue to focus on increasing our High-Volume, Low-Complexity Procedures- particularly at Heatherwood.
- Increased focus on elective capacity at Frimley Park Hospital and Wexham Park Hospital to deliver sustainable bed capacity to support theatre procedures.
- Continue to push for 85% Theatre Utilisation and 85% cases to be delivered as day case.
- review pre-operative processes to further utilise digital opportunities.

Table 6: Elective Care Patient Tracking List (PTL)/ Waiting List

Elective Care: PTL/ Waiting List	2023/24		2024/25											
	Plan	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Incomplete RTT Pathways	73,163	79,516	78,721	79,508	80,303	79,500	78,705	77,918	77,139	76,368	75,604	74,848	74,099	73,358
>52 Weeks	3,676	2,193	1,983	1,773	1,663	1,453	1,343	1,233	1,123	1,013	903	813	723	633
>65 Weeks	0	200	328	248	168	88	8	0	0	0	0	0	0	0

Figure 8: Patient Tracking List (PTL)/ Waiting List Trajectory

19
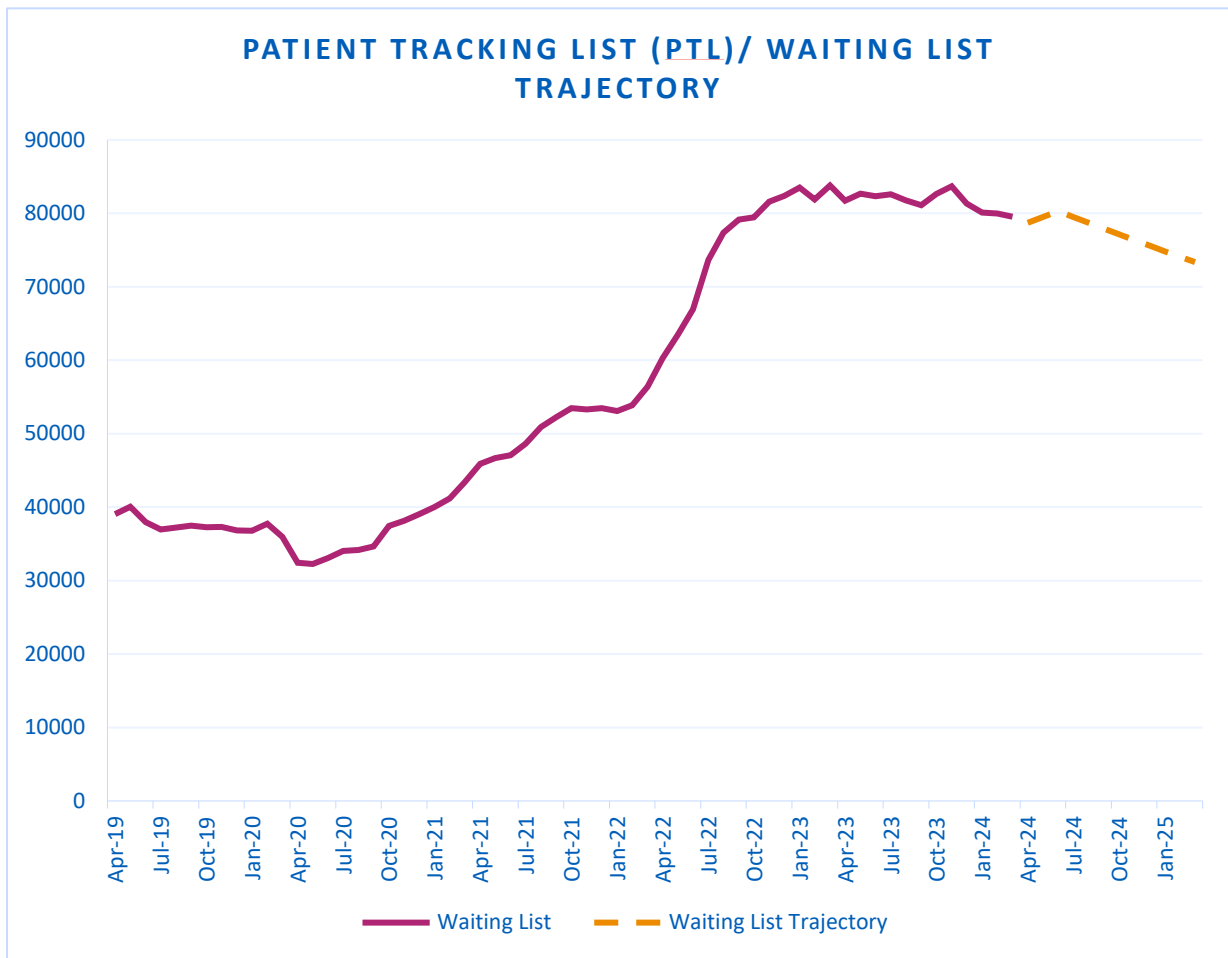
Figure 9: 52 Week Waits Trajectory

52 WEEK WAITS TRAJECTORY

Legend: 52+week Trends — possible Trajectory

Figure 10: 65 Week Waits Trajectory
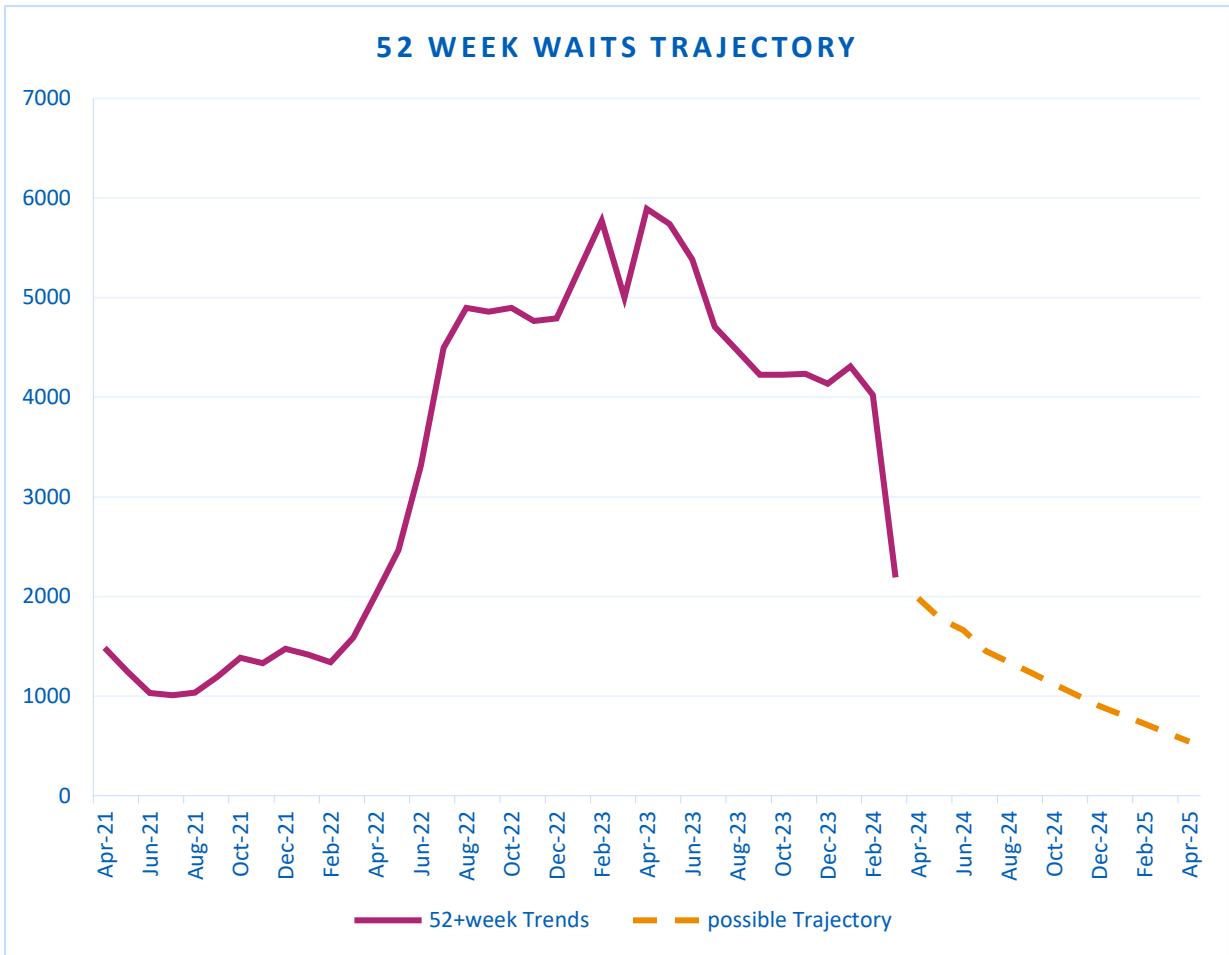

65 WEEK WAITS TRAJECTORY

Legend: 65+week Trends — possible Trajectory

20
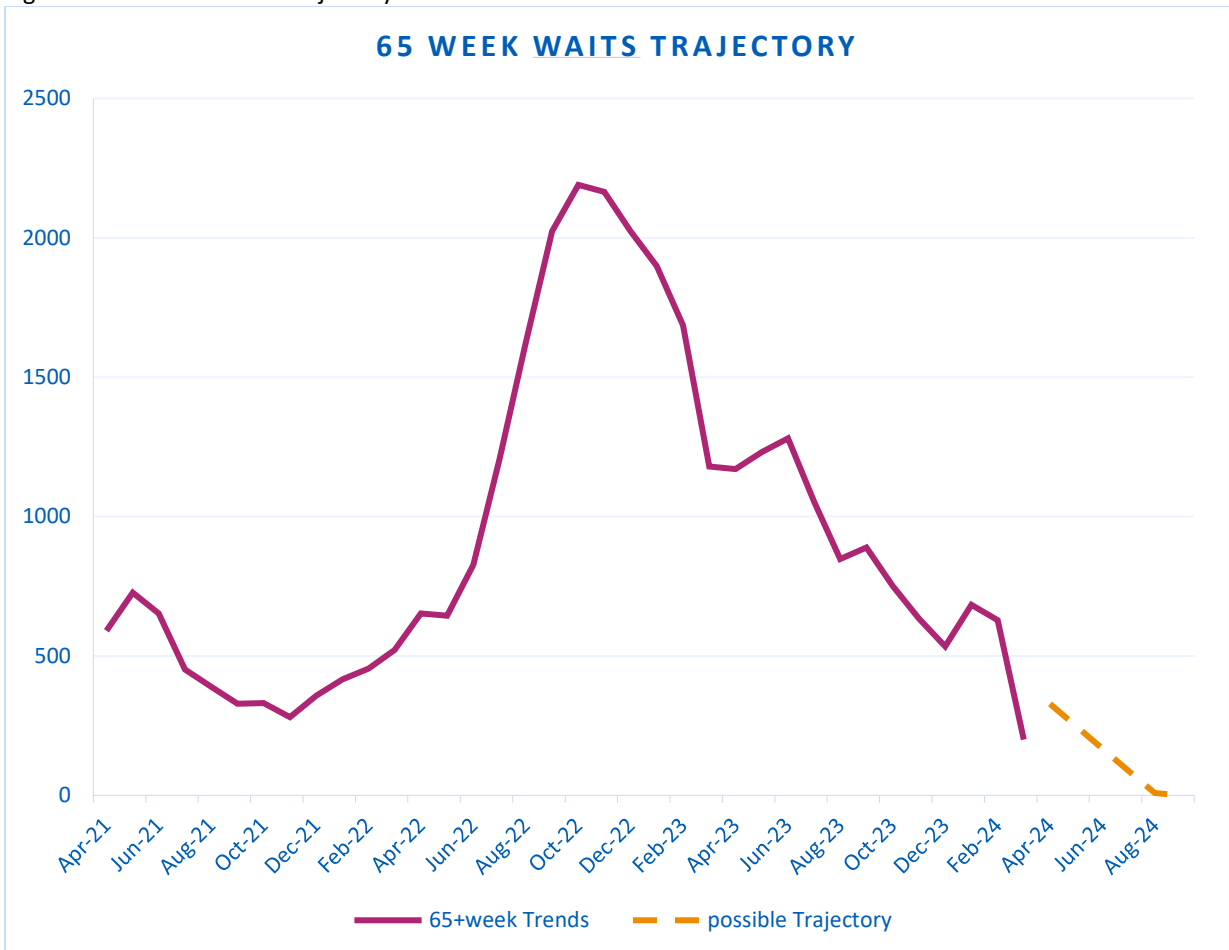
Emergency Care

The ambitions described in the guidance issued by the NHS and the National Priorities are:

➢ Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025.
➢ Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25.

In 2023/24, attendances to our Emergency Department increased by 5.5% and in 2024/25, we are forecasting a further increase of 5%.

As above, we will achieve the 4hr A&E target (77% from April 2024 increasing to 78% by March 2025), (see Table 7 and Figure 11), while also delivering improvements in our Non-Elective Length of Stay (NEL LoS).

Close collaboration on Emergency Pathways with Frimley integrated Care System and collectively with our Partners will be vital.

We will deliver our Emergency Plan across FHFT and the Integrated Care System as follows:

- Demand Management
  - System initiatives are being developed addressing admission reductions and reducing discharge delays. For NC2R there is an intention to reduce delays by the equivalent of 45 beds.

- Initiatives
  - we will continue to implement initiatives such as Mega March (A&E 4hrs, % discharges by 5pm, Golden Wards, increase in SDEC, etc.) and support our Urgent and Emergency Care (UEC) Improvement Programme workstreams.

Table 7: A&E 4hr Performance

A&E 4hr Performance	2023/24*		2024/25**												
	Plan	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	FOT
Attendances	267,294	29,530	29,016	30,825	29,802	29,742	31,234	30,094	30,812	30,447	31,700	32,501	30,068	30,974	367,215
Breaches	88,468	7,041	6,674	7,090	6,855	6,841	7,184	6,922	7,087	7,003	7,291	7,475	6,916	7,124	84,459
%	66.90%	76.16%	77%	77%	77%	77%	77%	77%	77%	77%	77%	77%	77%	77%	77%

*2023/24 Plan is not comparable as this is FHFT only; Frimley ICS (Aldershot, Bracknell and Slough UCCs, Ophthalmology Type 2 and RBWM MIU) were included in the figures reported from October 2023.

** 2024/5 Plan includes Frimley ICS (Aldershot, Bracknell and Slough UCCs, Ophthalmology Type 2 and RBWM MIU)

Figure 11: ED Attendances and 4hr Performance Trajectory

ED ATTENDANCES AND 4 HOUR PERFORMANCE TRAJECTORY

Legend:
- Total ED
- 4 Hours Breaches
- ED Forecast
- 4 Hours Breaches forecast
- % of 4 Hour Compliance
- % of 4 Hour Compliance forecast
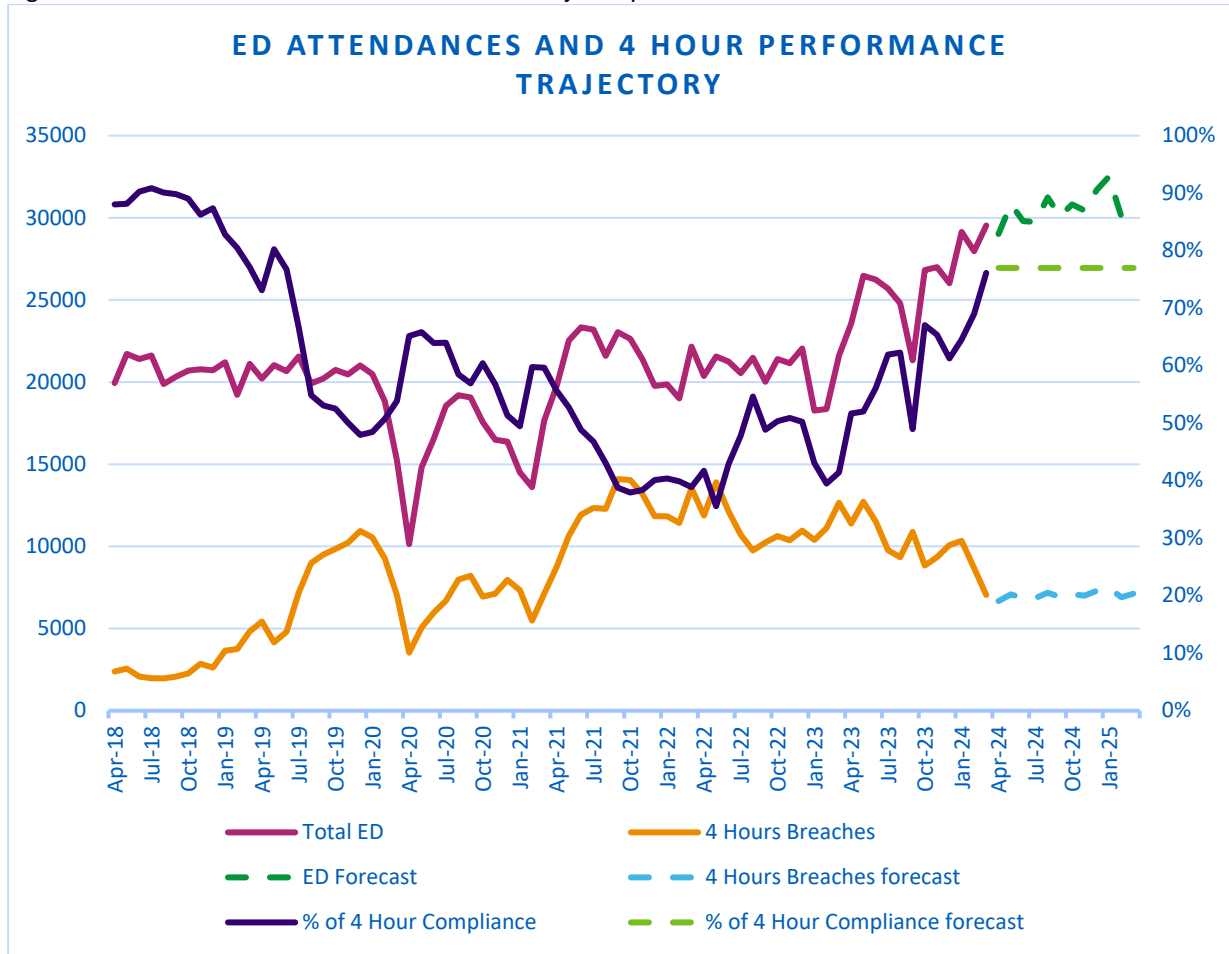
Diagnostics

The ambitions described in the guidance issued by the NHS and the National Priorities are:

➢ Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%.

The Trust will deliver a further improvement in our diagnostic performance, improving overall performance in line with the national expectation of achieving only 5% of patients waiting 6 weeks+ for a diagnostic test by March 2025, (see Table 8).

We will deliver our Diagnostics Plan as follows:

- Continuing to sustain the improved position within Imaging building on the increased capacity through the Community Diagnostic Centre at Heatherwood and ensuring optimal productivity and usage of our scanners across the Trust.
- Completing the Estates works on our Endoscopy units at Frimley Park and Wexham Park to maintain consistent performance across both those sites.
- Delivering our recovery plan for Sleep Studies through the first six months of the year.

- Continue workforce development through training for radiographers in plain film and CT reporting.
- Work with Surrey Heartlands endoscopy network, collaborating on new clinical pathways, innovation, workforce development, and improving productivity.
- Implement iRefer to reduce avoidable imaging requests.
- Complete interoperability with other Trusts in the imaging network to support reductions in image reporting times.
- Work with BSPS and constituent Trusts to progress improvements in pathology turnround times.
- Target limited capital replacement towards highest risk equipment.

Table 8: Diagnostic Activity (DM01)

Diagnostic Activity (DM01)	2023/24		2024/25
	Plan	Actuals	Plan
CT			
CT	56,106	62,263	68,359
CDC HWD	15,450	11,856	11,495
CDC Slough	-	-	-
Total	*71,556*	*74,119*	*79,854*
MRI			
MRI	30,825	23,443	22,407
CDC HWD	7,673	5,621	9,846
CDC Slough	-	-	-
Total	*38,498*	*29,064*	*32,253*
NOUS			
NOUS	59,352	60,460	61,186
CDC HWD	24,721	22,598	17,765
CDC Slough	-	-	3,696
Total	*84,073*	*83,058*	*82,647*
Total	194,127	186,241	194,753

Operational Governance and Oversight

Operational performance will be overseen by the Trust's UEC and Planned Care Boards- both of which are chaired by the Chief Operating Officer. Regular monitoring of progress against performance objectives will also occur at the Trust's Executive Performance Oversight and Delivery Group (EPOD). Overall governance of the Trust's performance against objectives will be taken through Trust Management Board (TMB) and then formally at Trust Board.

Operating Model

In 2024/25, we will also aim to change our Operating Model (AMU, SDEC, Specialties and Wards) to ensure that we are facing the future, offsetting risk and optimising our ways of working.

Operational Performance Risks

As always, there are challenges in delivering our Operational Performance and the following are our identified risks:

- Bed Constraints
  - the assumptions in our Bed Model are central to the delivery of our Elective Care and Emergency Care Plans which are interdependent and also linked to our Inpatient Length of Stay (LoS); in 2023/24, there were cancellations in Elective Care as the demand for Emergency Care exceeded the levels we'd planned for with capacity reprioritised and repurposed to respond to this. In 2024/25, our countermeasures include decreasing our Non-Elective Length of Stay (NEL LoS), dedicated Elective and Emergency Care resource (Beds, Staff, Theatres, etc.) with Elective Care increasing in profile over the Spring and Summer with further beds due to come on at Frimley Park with M Block development in 2025.

- Estates and RAAC
  - the availability of capacity is changeable at Frimley Park Hospital (FPH) due to the presence of Reinforced Autoclaved Aerated Concrete (RAAC) on our site and there continues to be a need to plan for this. As we are aware of this, our

23

countermeasures will enable us to manage and mitigate the risk so that the delivery of our Operational Performance trajectories are supported. Countermeasures include Heatherwood Hospital being optimised and/ or new development for procedure rooms.

- Industrial Action
  - the assumption is that there will be no further Industrial Action nationally, but this continues to be a recognised risk.

- Operational Productivity
  - the delivery of efficiencies in Diagnostics, Elective and Emergency Care, Outpatients and Theatres will also be vital.

- Partnership Working
  - we will aim to closely collaborate on interdependencies (e.g. Demand Management), coordinating our efforts with Frimley ICS and ensuring that funding for our interventions and programmes is secured (e.g. CDCs, Remote Monitoring, Virtual Wards, UCCs, etc).

- Workforce
  - the alignment and approach to Job Plans, Operating Models and revised ways of working will be vital as well.

3. Our 6 Strategic Ambitions- 2024/25 Operational Plans

3.1: Improving Quality for Patients

The ambitions described in the guidance issued by the NHS and the National Priorities relevant to Improving Quality for Patients are:

➢ Implement the Patient Safety Incident Response Framework (PSIRF).

This aligns with the ambitions in our current draft FHFT Operating Plan and our Objectives setting out that we will:

Figure 12: Quality Objective

Ambition	2024/25 Objectives
Improving Quality for Patients	Achieve a CQC rating of 'Outstanding' overall alongside delivering improvements in Patient Experience and Safety.

Care Quality Programme

We have outstanding opportunities ahead of us and lots to learn from our past experiences. In the past year we achieved a huge amount and need to continue to improve and make even more progress. To help us do this we have launched our new Care Quality Programme (CQP), led by Melanie van Limborgh, our Chief of Nursing and Midwifery, alongside the Executive Team.

This Trust-wide initiative will help every member of staff play their part in constantly enhancing our services and will offer support and guidance, not just to help us get ready for CQC assessments and on-site inspections but is a collective effort to make sure continuous improvement is at the core of everything we do, now and in the future.

The CQP isn't just a plan; it's our commitment to excellence in healthcare. It emphasises delivering care that is Safe, Effective, Caring, Responsive, and Well-led. Striving for excellence through CQP and initiatives like our 'Every Day Matters' programme isn't just about preparing for inspections. It's about making these high standards a part of our daily work life.

CQC

Our maternity services maintained their 'good' CQC rating when inspected in 2023 and it's been several years since the whole Trust was inspected, so we're aiming for 'outstanding' in our next rating. With the launch of a new assessment framework, our Executive Team and key members of the Care Quality Programme have created a project plan to get us ready for inspection.

While we acknowledge the significance of CQC inspections, it's crucial to view them as milestones rather than the sole purpose of our efforts. A CQC inspection is a checkpoint, a moment to pause and reflect on our journey towards excellence. But our focus on improvement and celebrating our successes should be an ongoing process, deeply integrated into our daily routines.

Patient Experience and Patient Safety (the Quality Priorities)

After thorough discussions by our clinicians and several committees, including the Care Governance Committee, NMTB, PEF, and PEIG, we have established our priorities for improving patient experience and safety for the year 2024/25:

1. **Pressure Injury Prevention and Management:** We aim to enhance our methods for preventing and managing pressure injuries across both our acute and community hospital settings.

2. **Sepsis Recognition and Management:** We are working to better recognize and treat sepsis efficiently in our Emergency Department, and in our Adult, Paediatric, and Maternity wards.

3. **Nutrition Management:** We are focusing on improving the detection of malnutrition at the time of hospital admission, managing the risk of malnutrition during hospital stays, and ensuring that our patients have positive experiences during mealtimes.

4. **Shared Decision Making:** We will improve how patients are involved in making decisions about their treatment and care, making this an essential part of enhancing patient experience. This is highlighted as our 'Governors Choice' priority.

5. **End of Life Care:** We aim to enhance the experience of care at the end of life for patients, their families, and carers, ensuring they are supported appropriately.

6. **Reducing E-coli Bacteraemia:** Our goal is to reduce instances of healthcare-associated E-coli bacteraemia that are related to urinary tract infections from catheters.

We are awaiting additional guidance on the requirements for Quality Accounts this year and expect our focus on patient safety will remain consistent with the previous year. Our priorities have been aligned with feedback from the National Patient Experience Survey and are in accordance with the refreshed terms of reference provided by our governors and in line with the Governor's refreshed Terms of Reference.

1. Improving our pressure injury prevention and management in both our acute and community hospital settings- continued from 2023/24.

   In 2023/24 this priority was chosen due to an increase in Grade 2, 3 and 4 pressure injuries. In addition to this there was also a national CQUIN relating to pressure injury risk assessment and interventions.

   Whilst a reduction has been seen in grades 3, and 4 hospital acquired pressure injury the CQUIN and Fundamental and Better Care Audit results remain well below target. Delays in progression of this workstream in terms of documentation were due to a rebuild of the assessment tools/ flowsheets post Epic go live.

   Caution in continuing this indicator for 24/25 is related to the national move to the PURPOSE T risk assessment tool and grading changes. The National Wound Care Strategy Programme recommends as a minimum, an unstageable Pressure injury/ Deep tissue injury must be a category 3 as a minimum. If a quality priority on pressure ulcers is chosen it is recommended that it focuses on implementation of PURPOSE T with recognition that the new grading would likely impact grade 3 or above incidents.

We will measure success via the number of reported grade 2, 3 and 4 pressure injuries (and per 1,000 bed days) and via the Fundamental and Better Care audit (FAB) Results that measure processes in place and to achieve 90%.

2. Improving our recognition and management of sepsis in our Emergency Department, Adult, Paediatric and Maternity wards and units.

In 2023/24 this priority was chosen due to our safety incident profile. Whilst significant improvement has been made in terms of the recognition of sepsis in our emergency departments and paediatric assessment units, both adult inpatient and maternity areas have not made the progress we had hoped for. Delays in implementation have been due to the need to rebuild the NEWs, MEOWs and sepsis tools post Epic and to re-establish reporting from Epic.

New NICE guidance for recognition and management of sepsis is due from January 2024 and continuation of this priority would support the implementation of new best practice and support reduction in harm to patients.

We will measure success via the % of patients who trigger a NEWs, PEWs or MEOWs that requires a sepsis screen have one completed and via the % of patients who screen positive for sepsis from screen who receive antibiotics with the hour.

NB: there may be changes to this metric on publication of new NICE guidance in Jan 2024.

3. Improving recognition of malnutrition on admission to hospital and risk of malnutrition in hospital and interventions to manage this and to ensure our patients have a positive experience of mealtimes.

Malnutrition is common across health and social care settings in those with disease, and in older people. Malnutrition has adverse effects if unidentified and untreated. The consequences of untreated malnutrition include physical and functional decline and poorer clinical outcomes (e.g. increased infections, wounds, complications, mortality), leading to greater health care use (hospital (re)admissions, longer hospital stays.

Our current performance relating to timely and correct risk assessments and early interventions is below our ambition of 85%. Malnutrition Universal Screening Tool (MUST) training will be moving over to mandatory training from essential and will need to be at 85% minimum.

We will measure success via the Training compliance with MUST (aim 85% >) and via the Fundamental and Better Care (FAB) Audit- % of risk assessments completed within 6 hours of admission and implementation of appropriate care interventions (aim 90%>).

We also know that Patient experience improves when they are given the appropriate help and the required time to eat and enjoy their meals uninterrupted. This is a key requirement for good nutrition and will help them to recover more quickly.

In terms of the national inpatient survey the trust scores 'about the same' as other trusts in terms of patients who feel they get enough help from staff to eat meals, but there are differences across sites.

27

We will measure success via the results of observational audit programme of protected mealtime standard operating policy implementation as well as patient feedback from National and local patient surveys and PLACE results.

4. To improve our patient's involvement & experience in decisions about treatment and care through Shared Decision Making (SDM)- this is our 'Governors Choice' Priority.

   Shared decision making (SDM) is a joint process in which a healthcare professional works together with a person to reach a decision about care.

   It involves choosing tests and treatments based both on evidence and on the person's individual preferences, beliefs and values.

   It makes sure the person understands the risks, benefits and possible consequences of different options through discussion and information sharing.

   This includes the option of no treatment.

   Benefits of SDM include:
   • Improved patient experience
   • Improved patient outcomes

   We will measure success by considering the building blocks required for SDM and a focus on one of the cancer pathways as well as delivery of the FHFT SDM & Consent Committee Annual Workplan.

5. To improve patient, family and carers (as appropriate) experience of End of Life Care.

   End of life care should help patients to live as well as possible until they die, and to die with dignity. It is important patients are asked about their wishes and preferences and that these are taken into account as we work with them with you to plan their care. These care plans should support family, carers or other people who are important to the patient.

   A thematic review of our patient, family and carer experience feedback is that our communication with our patients family and carers could be improved as well as individualised care planning.

   We will measure success by improvement in the National Audit for End of Life Care results for 3 indicators:

   1. Individualised care planning
   2. Communication with the dying person
   3. Communication with families and others

6. To reduce the rate of trust apportioned healthcare-associated E-coli bacteraemia related to Urinary Tract Infections associated with a urinary Catheter.

28

Catheter-associated urinary tract infections cause discomfort for patients, require additional treatment for example are likely to prolong hospital stays and increase readmissions and mortality.

Trust-apportioned E-coli bacteraemia cases sourced to urinary tract infections indicate a high number of these were associated with urinary tract infections.

Metric to be confirmed re how we will measure success.

PSIRF

The NHS Patient Safety Strategy was published in 2019 and describes the Patient Safety Incident Response Framework (PSIRF), a replacement for the NHS Serious Incident Framework. PSIRF is designed to promote learning and improvement using a systems-based approach, moving away from the previous Serious Incident Framework which focussed more on process than emphasising a culture of continuous improvement in patient safety.

The NHS Patient Safety Strategy requires every NHS Trust to have developed a Patient Safety Incident Response Plan (PSIRP) setting out how they will respond to patient safety incidents.

Our patient safety incident response plan (PSIRP) sets out how Frimley Health NHS Trust will seek to learn from patient safety incidents reported by staff and patients, their families and carers as part of our work to continually improve the quality and safety of the care we provide.

There are four key aims of the Patient Safety Incident Response Framework (PSIRF) upon which this plan is based:

- compassionate engagement and involvement of those affected by patient safety incidents;
- application of a range of system-based approaches to learning from patient safety incidents;
- considered and proportionate responses to patient safety incidents and safety issues; and,
- supportive oversight focused on strengthening response system functioning and improvement.

This plan will help us measurably improve the efficacy of all our local patient safety incident investigations (PSIIs) and any investigation led by the patient safety team by:

- Refocusing PSII towards a systems approach and the rigorous identification of interconnected causal factors and systems issues
- Focusing on addressing these causal factors and the use of improvement science to prevent or continuously and measurably reduce repeat patient safety risks and incidents

29

- Transferring the emphasis from the quantity to the quality of PSIIs such that it increases our stakeholders (notably patients, families, carers and staff) confidence in the improvement of patient safety through learning from incidents
- Demonstrating the added value from the above approach

The full transition to PSIRF will occur from the 1 April 2024.

Quality Governance and Oversight

The quality governance structure was updated during 2022-23 to clearly define the reporting lines and governance arrangements for all aspects of quality governance. This was part of a wider piece of work to revise the clinical governance framework and ensure that directorates were aware of their responsibilities for oversight, quality assurance and consistency of service delivery.
The diagram on the next page illustrates the quality reporting line from the directorates to the Board.

The Care Governance Committee is responsible for providing assurance to the Trust Management Board (TMB) and Quality Assurance Committee (QAC) with evidence on all aspects of quality of clinical care; clinical governance and risk; research and development; and Care Quality Commission (CQC) regulatory standards of quality and safety. The Care Governance Committee has oversight of significant patient safety and clinical risk issues and monitors the effectiveness of action taken to manage these issues.

The Care Governance Committee reports to the Trust Management Board for executive oversight and management of key issues. The Committee also supports delivery of all aspects of quality of clinical care in accordance with the Frimley Health Foundation Trust strategic ambitions.

The Quality Assurance Committee (QAC) provides assurance to the Board that there are robust controls across the clinical activities of the organisation to ensure safe quality care with good outcomes and experience is delivered to the patients using the services provided by the Trust.

30

Figure 13: Quality Reporting

Directorates to Board (Quality Reporting)

TRUST BOARD

Escalation to Board Committees

Executive Oversight

Directorate Leadership Team

Chief of Service
Associate Director
Head of Nursing
Director of Midwifery

| HR BP | Finance BP |

Directorate Performance Review Meetings

Executive Attendance

Chief Executive
Chief Operating Officer

Chief of Nursing and Midwifery

Chief Medical Officer

Directorate Management Board

Directorate Clinical Governance Group

Clinical specialty units

A culture of continuous quality improvement is embedded in the Trust's overall strategy. Quality targets are linked to directorates and included in local clinical specialty dashboards and pathway compliance monitoring. The Trust's performance against the quality standards is included in the Trust-wide Performance report which is subject to review by the relevant committees and ultimately by the Board.

31

3.2: Supporting our People

The ambitions described in the guidance issued by the NHS and the National Priorities relevant to Supporting our People are:

➢ Improve the working lives of all staff and increase staff retention and attendance through systematic implementation of all elements of the People Promise retention interventions.

➢ Improve the working lives of doctors in training by increasing choice and flexibility in rotas, and reducing duplicative inductions and payroll errors.

➢ Provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan.

These align with the ambitions in our current draft FHFT Operating Plan and our Objectives setting out that we will:

Figure 14: People Objective

Ambition	2024/25 Objectives
Supporting our People	Be a 'Great Place to Work' by delivering improvements in Employee Experience and Retention.

Our Trust People Plan for 2024/25 also supports these objectives and in 2024/25 we will be focusing on:

- Enhancing the Employee Experience,
- Developing the skills and capabilities of our managers, with a focus on compassionate leadership and
- Trust values and behaviours.

A summary of the activities is these areas is below:

Figure 15: 2024/25 People Plan
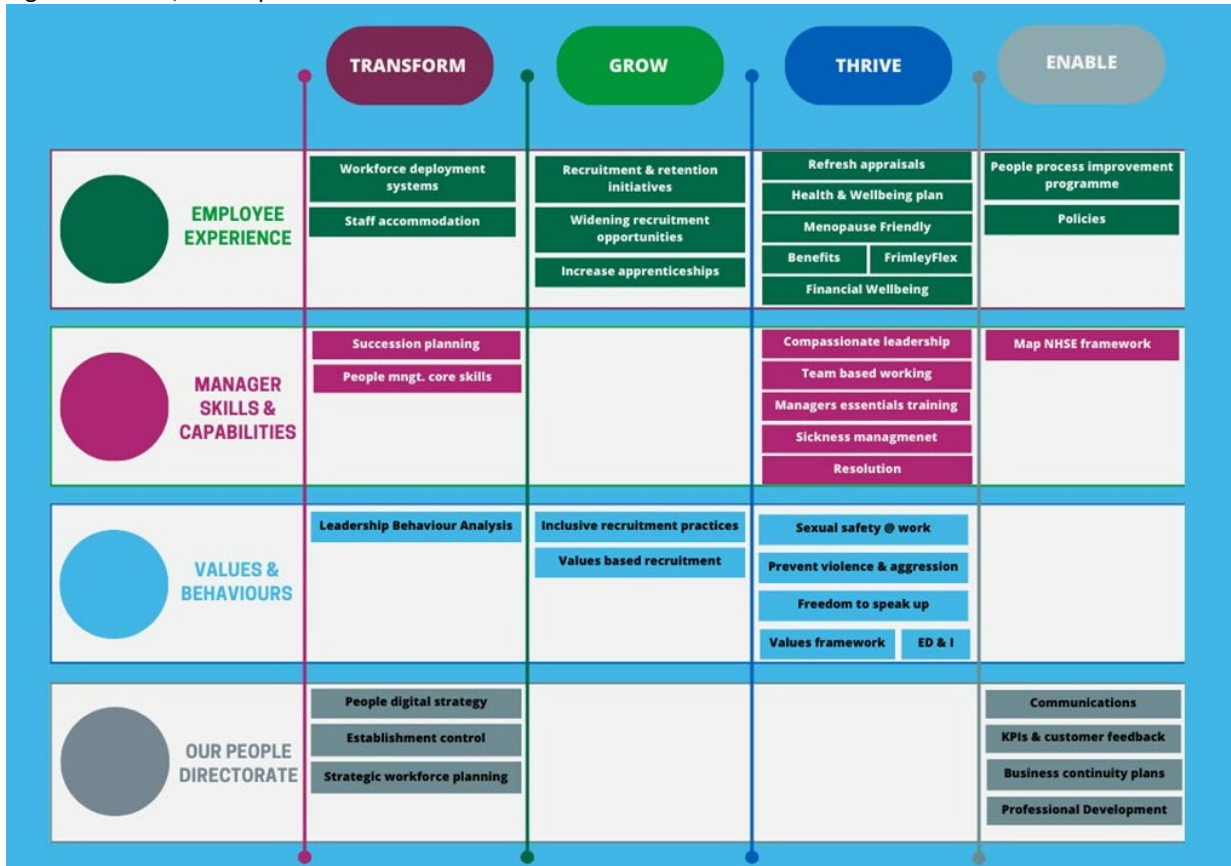
Improvements in each of these areas will impact on the experience our people have of Frimley Health as a workplace, which will contribute towards an improvement in retention.

Employee Experience

Here we will be focusing on how we make Frimley a great place to work. This will focus on improving our People Directorate outward facing processes, making accessing the People Directorate and information related to employment quicker and easier for our people. Developing our employment pipelines will also fall into this area: the team are currently trialling more inclusive recruitment practices, and we will also increase in the uptake of apprenticeships to allow our people to develop their skills and experience for the future will also fall into our work on employee experience. Appraisals will be refreshed, with a focus on the performance of teams. We are expanding our staff benefits offering, with a focus on developing our current offering through Wagestream to help our people build financial stability for their long term as well as having an ambition to launch a dental scheme. An updated Flexible Working policy has been ratified and work is being done with several areas to support new approaches to the life balance of our people.

Medical Workforce deployment will also be a key element of improvements to our employee experience. This will support national work to improve the number of rosters provided for doctors in advance and to ensure that their work commitments do not clash with major life events. Work will be done to improve the choice and flexibility of rosters, centralised rostering for medics will continue to be embedded within the Trust.

For all groups of staff enhancing the utilisation of our workforce deployment systems will help to reduce agency spending, looking at the most effective ways of using our people. We will continue our regional work with the Temporary Staffing Collaborative, which brings together a growing number of Trusts across the region to develop and embed joint principles for the engagement of temporary staff.

Managers skills and competencies

Our managers, at all organisational levels, are vital. We want to ensure that they have the knowledge, skills, experience, and tools they need to be able to manage effectively. Compassionate leadership is fundamental, highlighted by our people in the National Staff Survey and Culture & Leadership Programme and this will form a key area of focus over the next 12 months. We will be embedding the new Resolution Policy, offering Management Essentials training, reviewing our recruitment and selection training, and looking at how we embed compassion through coaching and mentoring. Succession plans will support the future development of managers and leaders within the Trust.

Values and behaviours

Equality, diversity and inclusion will be a golden thread that is woven through all our activities. We will create and implement a talent management plan to improve the diversity of executive and senior leadership teams and embed identity-based talent management to focus on encouraging all to achieve their potential and find a strong sense of 'identity fit' at FHFT. This is especially relevant for members of groups traditionally subject to widespread and consistent discrimination. Our People Networks will continue to be developed. Importantly, each Trust board member will have specific EDI objectives.

Work will be done to understand the core values and behaviours we need to embed within the Trust to help support the ambition of making Frimley a great place to work. A

33

framework will be developed and communicated. We aim to recast the Trust values framework, focusing on compassion and inclusive behaviours.

We will be expanding our Freedom to Speak Up offering, and looking at how we address issues of violence, aggression, and abuse. The Trust has committed to the Sexual Safety in Healthcare Charter and will be embedding this within the Trust.

Our People Directorate

To support the delivery of the plan we need to develop the People Directorate. We will be developing how we communicate with the Trust, embedding national KPIs and customer service framework. We will ensure we have our policies and business continuity plans. We will also be developing the skills of the people in the Directorate, embedding the Frimley Excellence approach and other sources of professional development for the teams. We will optimise our systems to support the NHS Future Workforce Solution that will be launched by 2030 and embedding a digital record management system.

The People Directorate is also involved in Trust programmes, such as the New Hospital Programme, the CDC Programme, transformation plans and cost improvement plans.

People Governance and Oversight

In 2023 the People Directorate reviewed its governance and oversight. The People Directorate will regularly review and assess risks and will create actions to mitigate the impact will be developed as required. The Directorate feeds into the Trust wide risk governance structure.

Figure 16: People Governance and Oversight
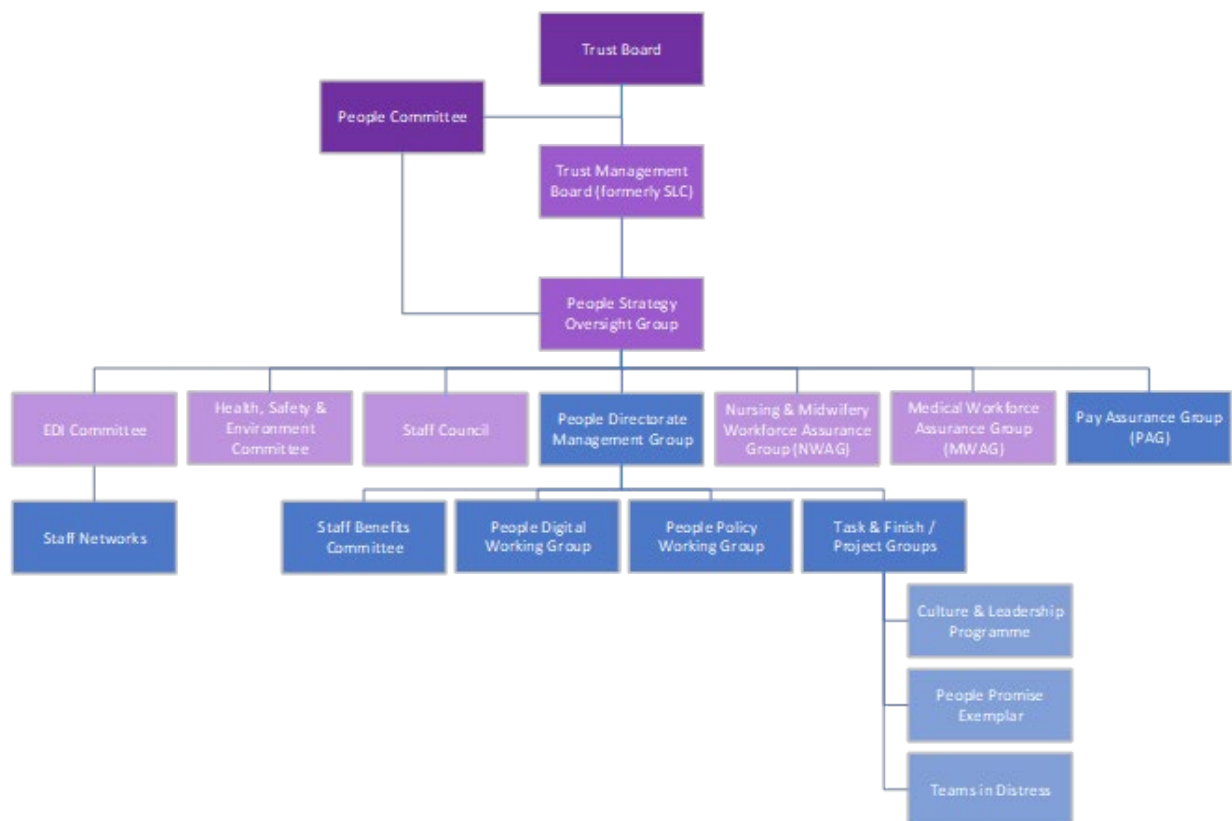
<u>People Risks</u>

- Capacity within the People Directorate to meet both the operational and strategic demands of the Trust following reduced investment into the Directorate. Key areas impacted by this as Freedom to Speak Up, Employee Relations and Retention Capacity v. Operational demands within the Trust may also impact on the achievements of this this plan.
- Medical rostering and agency use; There is a lack of centralised medical rostering which impacts on the Trust's ability to effectively manage staffing. This has a wider impact on reduction of temporary staffing costs and reporting.
- Reduction in bank and agency use will be impacted through the high activity levels and the number of escalation beds. There is a risk we will not achieve this objective unless these areas are addressed.
- Further industrial action over levels of pay within the NHS from junior doctors and AfC staff.
- Board stability due to departures of key board members and ongoing recruitment.
- Completion of annual appraisals
- Off payroll engagement
- Policy and process degradation across the People Directorate
- Mandatory and Statutory Training compliance

<u>Key Metrics</u>

The key metrics we will be working towards and reporting on during 2024/25 will be (to be achieved by March 2025):

- Turnover will reduce from 10.6% in March 2024 to under 10%.
- Vacancy rate for all staff will maintain at 8.5% in March 2024 (this accounts for programmes such as CDC and increases to our establishment).
  - Nursing vacancy rate will decrease from 7.6% in March 2024 to 6.0%.
  - Medical vacancy rate will reduce from 6.5% in March 2024 to 5%.
- Agency spend as a % of pay bill will reduce from 4.0% in March 2024 to under 3% with spend reducing to under £1.5M per month.

<u>Workforce Plan</u>

We are planning to increase our overall further 324.4. This increase comprises 201.15 for M block and CDC and the remainder is estimated growth of nursing workforce and conversion of agency/bank to substantive. There is still further work to do on business cases to support this increase.

We are looking to reduce our bank and agency usage to reflect the increase in the substantive wte. The plan is to reduce agency from 270 to 145.79 and bank to 935.82 by March 25. To achieve these targets work will need to be done to reduce high-cost medical agency, expand the use of eRostering for medics, rate card changes for non-medical agency and the implementation of tighter roster controls.

A summary of the workforce plan can be found over the page:

Table 9: Workforce Plan

Workforce Group		Baseline WTE (as of 31 March 2024)			Plan WTE (as of 31 March 2025)			Change WTE (March 2024 to March 2025)		
		Staff in Post	Establishment	Vacancy	Staff in Post	Establishment	Vacancy	Staff in Post	Establishment	Vacancy
Registered Nursing, Midwifery and Health visiting staff		3272.54	3543.65	271.11	3344.20	3591.85	247.65	71.66	48.20	-23.46
Registered/ Qualified Scientific, Therapeutic and Technical Staff		1000.68	1120.56	119.88	1059.98	1154.86	94.88	59.30	34.30	-25.00
Of which	Allied Health Professionals	612.39	633.64	21.25	650.89	660.64	9.75	38.50	27.00	-11.50
	Other Scientific, Therapeutic and Technical Staff	184.54	234.61	50.07	205.04	241.61	36.57	20.50	7.00	-13.50
	Registered/Qualified Healthcare Scientists	203.75	252.31	48.56	204.05	252.61	48.56	0.30	0.30	0.00
Support to Clinical staff		2027.31	2231.26	203.95	2166.37	2301.26	134.89	139.06	70.00	-69.06
NHS Infrastructure Support		2578.52	2841.77	263.25	2618.28	2883.72	265.44	39.76	41.95	2.19
Medical & Dental		1354.59	1448.84	94.25	1369.21	1455.54	86.33	14.62	6.70	-7.92
Of which	All Consultant	515.25	565.03	49.78	527.87	571.73	43.86	12.62	6.70	-5.92
	All Non-Consultant Career Grades	302.90	248.83	-54.07	304.90	248.83	-56.07	2.00	0.00	-2.00
	All Trainees (excluding Foundation Trainees)	384.67	506.92	122.25	384.67	506.92	122.25	0.00	0.00	0.00
	All Foundation Trainees	151.77	128.06	-23.71	151.77	128.06	-23.71	0.00	0.00	0.00
Any Other Staff		10.00	9.00	-1.00	10.00	9.00	-1.00	0.00	0.00	0.00
Total Substantive		10243.64	11195.08	951.43	10568.04	11396.23	828.18	324.40	201.15	-123.25
Bank		1136.00	0.00	-1136.00	935.82	0.00	-935.82	-200.18	0.00	200.18
Agency		270.00	0.00	-270.00	145.79	0.00	-145.79	-124.21	0.00	124.21
Total Workforce		11649.64	11195.08	-454.57	11649.64	11396.23	-253.42	0.00	201.15	201.15

36

3.3: Collaborating with Partners

As above, the ambitions described in the guidance issued by the NHS and the National Priorities relevant to Collaborating with our Partners are:

➢ Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025.
➢ Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25.

These align with the ambitions in our current draft FHFT Operating Plan and our Objectives setting out that we will:

Figure 17: Collaborating with our Partners Objective

Ambition	2024/25 Objectives
Collaborating with our Partners	Achieve our Cancer, Diagnostics, Elective (Waiting List) and Emergency Care Targets.

As above, our ambitions re Cancer, Diagnostics, Elective and Emergency Care are covered earlier in our Operational Plan, refer to Section 2.

3.4: Transforming our Services

As above, the ambitions described in the guidance issued by the NHS and the National Priorities relevant to Transforming our Services are:

➢ Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties).
➢ Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%.

These align with the ambitions in our current draft FHFT Operating Plan and our Objectives setting out that we will:

Figure 18: Transforming our Services Objective

Ambition	2024/25 Objectives
Transforming our Services	Deliver the Community Diagnostic Centre in Slough, the Inpatient and Diagnostic Unit (known as M Block) at Frimley Park Hospital and select a site for the new Frimley Park Hospital opening in 2030, so that clinical services can be delivered in facilities that meet the needs of our Patients and our Population.

Our ambition is to deliver the Major Programmes that support Strategic Transformation, including:

• Our Care Quality Programme
• Our Estates and Investments, e.g. Community Diagnostic Centres (CDCs), M Block and our New Hospital Programme (NHP)
• Our Digital Strategy and Epic Optimisation
• Our Frimley Excellence Programme
• Our Heatherwood Hospital

37

3.5: Making our Money Work

The ambitions described in the guidance issued by the NHS and the National Priorities relevant to Making our Money Work are:

➢   Deliver a balanced net system financial position for 2024/25.
➢   Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25.

This aligns with the ambitions in our current draft FHFT Operating Plan and our Objectives setting out that we will:

Figure 19: Finance Objective

Ambition	2024/25 Objectives
Making our Money Work	Achieve our Financial Plan for 2024/25, improving our productivity and carefully managing our capital spend.

I&E Plan

Our 2024/25 draft FHFT Income and Expenditure Plan (see Figure 20) was shared with Frimley ICS on 21 March 2024. We are currently forecasting a £27.2m deficit with Frimley ICB forecasting a £51m deficit overall for our system.

Discussions with the ICB and NHSE are ongoing and we expect a final Frimley ICB Operating Plan to submitted on 2 May 2024 with a final Frimley ICB Joint Forward Plan by end June 2024.

Figure 20: Bridge from 2023/24 FOT to 2024/25 Budget
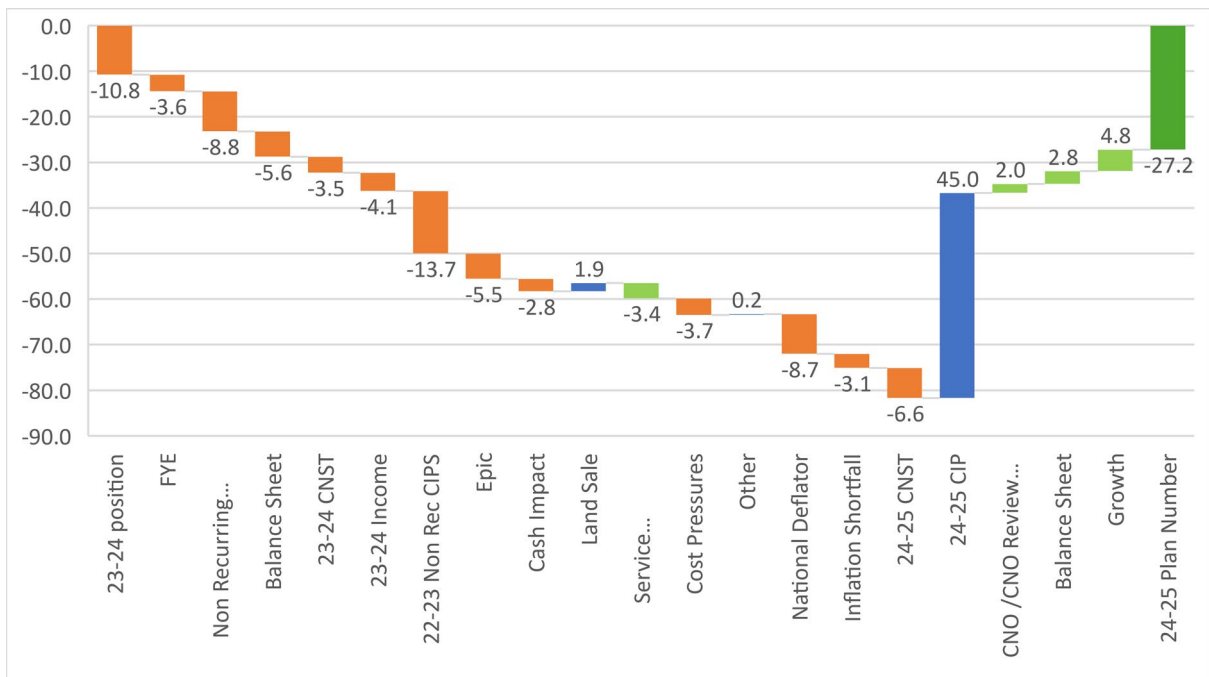
Here's how we approached planning our budget at FHFT for this year:

• We started with the budgets from last June and made some changes:

- We accounted for any cost improvement programmes that would deliver to the end of the year and agreed changes elsewhere.
- We looked at any one-time gains or losses we had, like programmes that didn't deliver.
- We made sure we had enough money set aside for when employees are on maternity leave or we have a vacancy.
- We updated our medication budgets based on what we need right now.
- Then, we sent out the initial budgets to each department and made more adjustments:
    - We listened to what each department needed based on what they spent last year.
    - We looked at any new services they wanted to start this year.
    - We made sure each department had enough money for any extra costs or inflation.

This helped us plan and make sure we're using our money wisely for the year ahead.

We have assumed the following:

- No industrial action in 2024/25
- Improve on 2023/24 performance with a minimum of 77% of patients seen within 4 hours within urgent and Emergency Care by March 2025
- Eliminate waits of over 65 weeks for elective care as soon as possible and at the latest by September 2024
- System specific weighted activity targets are the same as those agreed for 2023/24
- Electivity Recovery Fund (ERF) will continue to operate in a similar way to 2023/24
- Improve cancer performance against the headline 62-day standards to 70% by March 2025
- Improve performance against the cancer 28 day Faster Diagnosis Standard to 77% by March 2025
- Increase the percentage of patients that receive a diagnostic test within six weeks compared to 2023/24
- Continue to implement the Three-Year Delivery Plan For Maternity and Neonatal services
- Net tariff uplift for 2024/25 is 0.6%, comprises of 1.7% inflation and 1.1% efficiency
- continuation of NHS England payment flows at 2023/24 recurrent levels and the same reimbursement approach for excluded drugs and devices
- Initially CIP delivery has been assumed at £45m including £35.0m of efficiencies (Tier 1) and £10.0m of run-rate savings (Tier 2).

Capital

Our 2024/25 allocated Capital is £71.3m which can be broken down into Estates (£61.3m) including FHFT Programmes, M Block, RAAC and Slough CDC; Digital (5m), and; Medical Equipment (£5m), (see Table 10).

Table 10: Capital Plan

Scheme:	22/23 £000	23/24 £000	24/25 £000	Total £000	24/25 revised £000
Provider Operational Capital Allocation	60,940	39,259	39,259	139,458	39,259
Estates:					
RAAC (ringfenced)	8,100	5,000	5,000	18,100	5,000
Site programmes	34,410	24,259	24,259	82,928	56,328
Total Estates	42,510	29,259	29,259	101,028	61,328
Digital services	12,930	5,000	5,000	22,930	5,000
Medical Equipment	5,500	5,000	5,000	15,500	5,000
Total Capital Allocation	60,940	39,259	39,259	139,458	71,328
Total Capital Expenditure	60,940	39,259	39,259	139,458	71,328
Funded by:					
Operating cashflows	52,840	34,259	34,259	121,358	34,259
PDC	8,100	5,000	5,000	18,100	37,069
Total	60,940	39,259	39,259	139,458	71,328

Key points to note are:

- 24/25 is the final year of the 3 Year Capital Spending Review allocations issued for 22/23 to 24/25
- Included RAAC funding of £18.1m available for failsafe works across the 3 years. Further funding has been made available in year in 22/23 and 23/24 following additional approval with the national RAAC team
- Excluded other national funded programmes such as TIF (M Block), CDCs and New Hospital Programme all subject to separate approvals
- The 2022/23 numbers also included £8m in recognition of surpluses earnt pre pandemic and an additional £10m (local discretion by region)
- Spend against the capital allocation was achieved in 22/23 and forecast to be on plan in 23/24
- Budget allocated across estates, digital and equipment programmes agreed locally as part of the Trust annual plan
- 24/25 now includes additional funding where already approved for M Block and Slough CDC

Efficiencies

In 2024/25, we are targeted with achieving Cost Improvement Programmes (CIP) at FHFT of £45m which can be broken down as £35m in Tier 1 (Efficiency Improvements- at Directorate level as well as Trust-wide) and £10m in Tier 2 (Run Rate Savings).

All Cost Improvement Programmes are detailed in Project Initiation Documents (PIDs) and Quality Impact assessments (QIAs) with Executive Director input and are led and owned by Senior Responsible Officers (SROs).

To date, we have identified £35.9m overall (~80%) which the PMO and financial teams have validated.

<u>Financial Governance and Oversight</u>

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.

To deepen financial awareness and accountability the Trust has rolled out financial training for all budget holders which will be extended to new starters and part of the annual mandatory training.

There are regular monthly financial performance updates presented to the Executive Performance Oversight Development (EPOD) Group as well as scrutiny from the Finance and Investment Committee (FIC) which is a sub-committee of the Board and attended by both Executive and Non-Executive Directors.

<u>Financial Risks</u>

As always, there are challenges in delivering our Financial Plan and the following are our identified risks:

- Impact of further Industrial Action – In line with national guidance no allowance has been made in the 2024/25 plan for the impact of any industrial action either upon activity (and activity related income) or for costs for providing cover.

- Reduction in escalation pressures – The level of operational pressures in 2023/24 resulted in a significant number of unfunded escalation beds being kept open throughout the year. This had an impact on both our cost base to provide staff for these areas and also upon the level of elective activity as these beds were used to support non-elective demand.

- Mitigations of impact of RAAC plank works

- The payment process for Elective Recovery Fund (ERF) is still being defined for 2024/25 and changes in assumptions may impact the deliverability of the £22.2m currently included in the plan.

3.6: Advancing our Digital Capability

The ambitions described in the guidance issued by the NHS and the National Priorities relevant to Advancing our Digital Capability are:

➢ Level up the digital maturity of provider organisations, across all sectors.
➢ Use the latest 'What Good Looks Like' digital maturity assessment to ensure plans are improving adherence to standards for well led- digital leadership, and will deliver a smart foundation for basic digital infrastructure.
➢ Support both national and regional activity within the NHS Research Secure Data Environment Network, actively enabling the secure availability of linked, research-ready data.
➢ Support and prioritise the implementation of the Federated Data Platform (FDP) to support elective recovery, care co-ordination (including optimising discharge), population health management and vaccination programmes.
➢ Continue to connect services to and champion use of the NHS App and website as the digital front door to the NHS, to help people get and stay well and manage their own health, and maximise adoption of the patient engagement portal services.
➢ Continuously improve core enterprise IT suites to remove the constraints of legacy technology.

These align with the ambitions in our current draft FHFT Operating Plan and our Objectives setting out that we will:

Figure 20: Digital Objective

Ambition	2024/25 Objectives
Advancing our Digital Capability	Ensure we are maximising the benefits of EPIC (our new digital patient record system) alongside the delivery of the Digital Projects Portfolio for this year.

Figure 21: Digital Plan
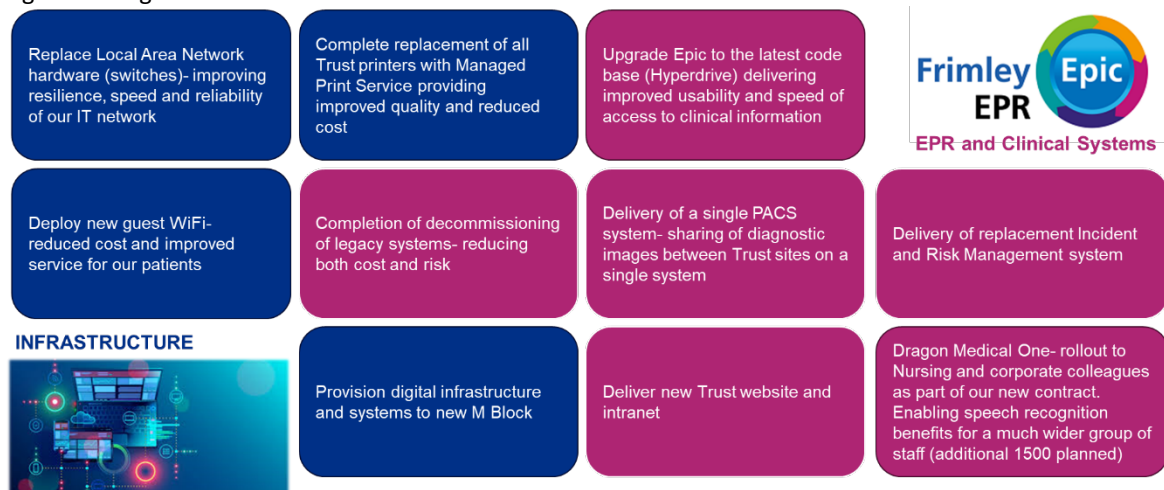
Digital Plan

- FHFT is digitally mature following the deployment of its Epic EPR in 2022. We have a programme of Epic Optimisation which will leverage the full benefits of EPR deployment, and build on the successes to date, following removal of the legacy systems estate.

- FHFT is working closely with ICB colleagues to both integrate and share data across providers locally and contribute to population health initiatives. This work will lead onto the wider scope of the FDP which will complement the work we are undertaking locally.
- FHFT is keen to build on the successful uptake of its 'My Frimley Health Record' local app. Discussions are underway with both NHSE and Epic to integrate what we have developed into the NHS App so both work in a complementary manner.
- The creation of a new transformation team and leadership role will help focus our efforts on supporting those initiatives which will deliver the most significant clinical and operational benefits to the Trust and our patients. This will ensure that FHFT obtains the maximum benefit from the investment in the Epic EPR.

EPR and Clinical Systems

In 2024/25, we will:

- Upgrade Epic to the latest code base (Hyperdrive) delivering improved usability and speed of access to clinical information
- Completion of decommissioning of legacy systems- reducing both cost and risk
- Delivery of a single PACS system- sharing of diagnostic images between Trust sites on a single system
- Delivery of replacement Incident and Risk Management system
- Deliver new Trust website and intranet
- Dragon Medical One- rollout to Nursing and corporate colleagues as part of our new contract. Enabling speech recognition benefits for a much wider group of staff (additional 1500 planned)

Infrastructure

In 2024/25, we will:

- Replace Local Area Network hardware (switches)- improving resilience, speed and reliability of our IT network
- Complete replacement of all Trust printers with Managed Print Service providing improved quality and reduced cost
- Deploy new guest WiFi- reduced cost and improved service for our patients
- Provision digital infrastructure and systems to new M Block

Digital Governance and Oversight

Governance of the digital team's work is currently overseen by the Digital Services Operational Group, reporting into the Clinical and Operational Steering Group, chaired by the Chief of Medicine.

In 2024/5, with the creation of a clinically led Transformation Board, the EPR programme will become an essential facilitator of the Trust's plans for clinical transformation. This will provide focus, prioritisation and oversight for the EPR optimisation programme, ensuring

that the Trust realises the benefits of the Epic investment to improve clinical care and effectiveness.

Digital Risks

The department maintains a risk register, which is regularly reviewed by colleagues across the department and submitted to the governance committees outlined above. This register covers both infrastructure risks (i.e. cyber resilience, network failure) and risks associated with the Trust's portfolio of clinical systems (including the Epic EPR). The highest-level risks on the register are fed into the Trust's corporate risk register.

4. Delivery and Governance

Our aim is for alignment and clarity in continuing to deliver our FHFT Operating Plan and Our Future FHFT Strategy in 2024/25 as we develop and finalise our FHFT Strategy to 2030.

Our approach to Governance and Oversight is as follows:

Figure 22: Proposal for a Strategy and Transformation Board

Governance and Oversight- proposal for Strategy and Transformation Board, April 2024
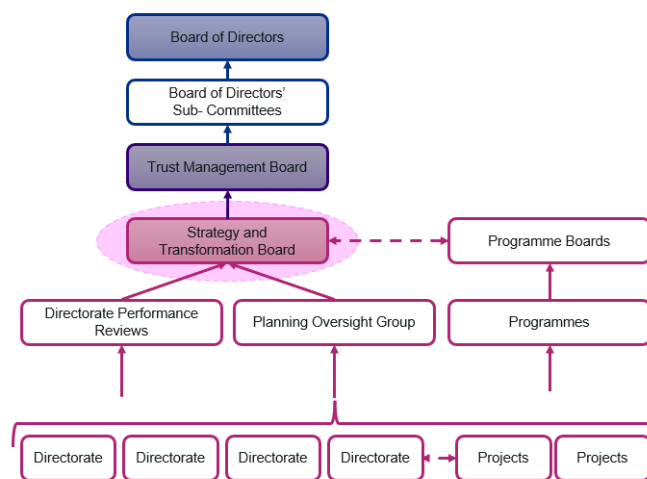
Board of Directors (BoD)
The BoD will be assured in Board Seminars on the delivery and implementation of Major Programmes and Strategic Transformation, consider identified Issues and Risks (as well as Mitigations), be engaged and involved as well as receive Progress Reports from TMB.

Board of Directors' Sub-Committees
The BoDs' Sub-Committees are accountable to the BoD and will continue to escalate identified Issues and Risks; the annual FHFT Objectives will be overseen by the relevant Sub-Committees.

Trust Management Board (TMB)
TMB is accountable to the BoD and will be assured on the delivery and implementation of Major Programmes and future Strategic Transformation by the STB. It will address any conflicts, deciding where to deploy Investment and Resources where not resolved by STB, consider escalated Issues and Risks (as well as Mitigations) and receive Quarterly Progress Reports from the STB.

Strategy and Transformation Board (STB)
The STB will be accountable to TMB, coordinate interdependencies and be the interface between Major Programmes as well as oversee Strategic Transformation *(including the annual FHFT Objectives, Culture and Leadership Programme, Digital/ EPIC Programme, the FHFT Strategy to 2030, Frimley Excellence, the New Hospital Programme)* at the Trust.

Planning Oversight Group (POG)
The POG will be accountable to the STB, and will have oversight of the annual FHFT Operating Plan, ensuring implementation and managing risks.

Directorates and Directorate Performance Reviews (DPRs)
The Directorate DPRs will align annual Directorate-level Objectives and Plans with Major Programmes and Strategic Transformation. DPRs also allow delivery to be devolved at a Directorate-level, enabling engagement, input and operational oversight of Performance and Strategy.

These arrangements will continue 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.

The Trust will continue to implement our strategy and monitor the strategic objectives through the Strategy and Transformation Board (STB). This group will be attended by Executive Directors and our Chief of Service for Transformation and Continuous Improvement and our Director of Transformation and Continuous Improvement alongside corporate functions and leads for major programmes and strategic transformation across the Trust. This helps STB to provide assurance on implementation, alignment and operational delivery to the Trust Management Board (TMB) 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 found below.

As in previous years, each strategic ambition has a lead executive director and each corporate objective for 2023-24 will have 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 TBC, TMB 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).

5. 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:

- Identify the immediate and longer-term threats that may impede the successful delivery of the Trust's strategic goals;
- Receive assurance that the risks are being managed appropriately and the risk controls are effective;
- Challenge gaps in assurance and ensure that remedial actions are taken to strengthen controls and assurances;
- Focus on the severity of the risk and the appropriate mitigating actions;
- Review the strategic priorities and risk appetite level; and
- 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.

46

Figure 23: Risk Management Process
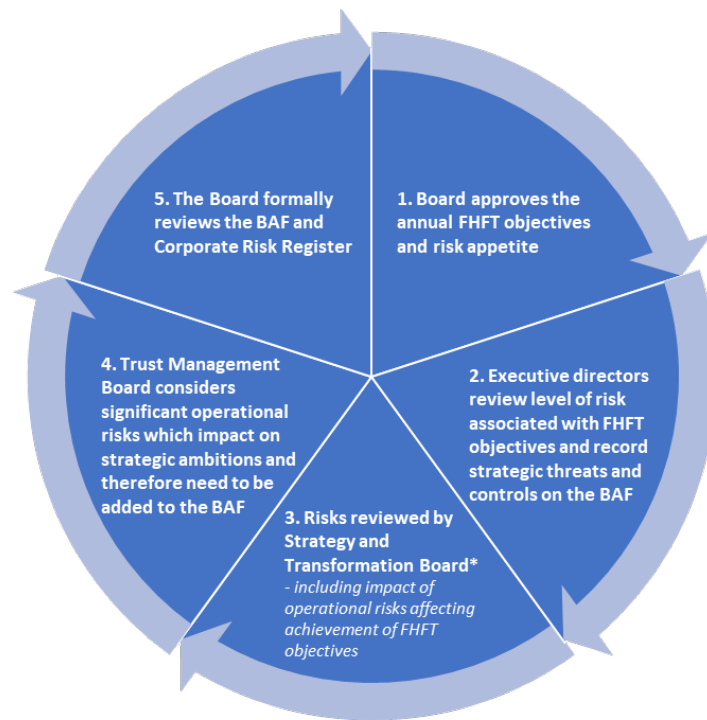
6. Summary

As described within the plan, our 2024-25 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'.

2024-25 will as ever will be a challenging but exciting year as we continue to implement our plans. Successful delivery of our plans and our strategy objectives will only be achieved through the collective efforts of our people and teams. 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 2024-25 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.

Report Title	Month 12 Finance Report
Meeting & Date	Board of Directors, Friday 3rd May 2024
Agenda Item	10.
Author and Executive Lead	Stephen Jones, Director of Operational Finance Mike Laycock, Associate Director of Business Support Kishamer Sidhu, Chief Finance Officer
Executive Summary	The Trust delivered a surplus in March of £3.7m. The full year position is a deficit of £10.8m which is £108m adverse to the original breakeven plan but £3.7m favourable to the forecast due to additional Industrial Action funding received in March. Key drivers of the adverse variance, analysed in the pack are: • £9.0m relating to unfunded escalation beds open this year • £3.4m shortfall in inflation funding • £4.4m Outsourced activity in Medicine/Theatres/IT The adverse variances are partially offset by additional revenue relating to: • £21.7m Industrial Action and elective activity over-performance • £1.2m Capital revenue support The direct costs of industrial action are supplemented with indirect costs such WLI's. The escalation capacity is driving bank and agency spend, particularly for nursing. The shortfall in inflation funding exacerbates the impact of temporary staffing, which historically the organisation would have attributed as the premium costs of temporary staffing. The cost improvement program (CIPs) of the organisation reached £33.4m which was £0.1m ahead of the full year plan of which 59% was delivered recurrently. The Capital program of the organisation is reached £67.7m which was £0.1m ahead of the revised plan. This revised plan included the reprofiling of expenditure (in agreement with the regulator) due to the delayed approval of the M block case. Cash closed at £99.8m at the end of March which was £27.3m below plan. The revised forecast deficit of £14.5m which was agreed with the system and regulator had not included the final £3.7m of Industrial Action funding which was received in March.

Actions	The Trust Board is asked to **NOTE** the Month 12 report.
Compliance	The Trust is required to report performance against financial targets to the Board and is expected to deliver a financial breakeven.

M12 Finance Report
Year End 23/24
March 2024

Key Points for M12 Financial Performance:

The Trust financial position shows a £10.8m adjusted deficit YTD, £10.8m worse than the submitted plan

➢ The adjusted surplus in M12 was £3.7m in month (£3.6m adverse against plan in month) and £10.8m deficit year to date (£10.8m adverse against plan).

➢ The Trust accounted £3.7m additional industrial action funding which improved the position compared to the deficit £14.5m forecast.

➢ Notional Pension cost and income add £24.7m to income and expenditure (this is a national adjustment)

➢ Underlying agency costs for the month were £2.2m which remained in line with the levels seen since November which have fluctuated within the range of £2.2m to £2.4m per month.   However, a year-end review of historical accruals resulted in a one-off £0.8m reduction costs. Bank costs did increase in M12 partially due to working days and annual leave cover

➢ The Trust identified £33.4m of efficiencies compared to a plan of £33.3m for the year. An additional £6.9m of non-recurrent schemes (£13.7m total) have been captured.

➢ Capital spend (revised £67.6m plan) showed overall expenditure of £67.7m in year (ahead of plan by £0.1m YTD). Expenditure seen across the main areas of Estates (£53.7m), Digital Services (£6.2m), Medical Equipment (£5.5m) and the New Hospital Programme (£2.2m) remained broadly aligned to the forecast submitted at M11 with some minor variances seen as a result of closing out the year end position.

➢ Cash fell slightly from £100.9m at the end of February to £99.8m as the closing year-end balance. This position compares to the £149.8m opening balance in April 2023 - The plan was to close on £127.1m for the year, which has been adversely affected by I&E and prior year capital payments.

Finance on a page M12

The Trust is reporting a full year deficit of £10.8m against an original breakeven plan but which is favourable to the forecast £14.5m deficit outturn due an additional £3.7m of Industrial Action funding received in March 2024. The key drivers for the deficit position include the impact of escalation beds, pay award underfunding, spend on RMN cover and unfunded outsourcing activities in Medicine, Theatres and IT.

Area	Key points	Risks & Issues
Income	• Total income of £1,061.3m is £76.2m ahead of plan. • Commissioner income (£923.6m) is £30.9m ahead of plan due to additional funding in relation to Industrial Action & ERF received (£21.7m) and drugs and devices and homecare over performance offset by cost. • Private patient income (£15.0m) remained ahead of plan by £2.1m. • Other income (£122.7m) is £43.2m ahead of plan but includes £24.7m of notional pension costs (as advised by the National team which are offset by costs).	• Final financial figures are subject to external audit sign-off.
Expenditure	• Pay costs of £663.8m are £52.2m adverse to plan. As stated above this includes £24.7m of notional pension costs. The remaining variance is largely driven by direct costs of industrial action cover (£5.3m), escalation (£9.0m) and mental health nursing cover (£1.4m) (see slide 4 for further analysis). There is also an estimated £3.4m shortfall of pay award funding for established posts filled either substantively or by interims. • Non-pay costs of £357.3m are £33.9m adverse to plan. Key areas of overspend include Drugs and Devices (£12.5m), which is partially offset by addition income and also £4.4m of outsourcing costs.	• The expenditure budget for 2023/24 included savings assumptions around reducing the number of escalation beds and delivery of the efficiencies target. • CIP delivery of £33.4m was £0.1m ahead of the annual plan although a higher proportion was delivered non-recurrently. • Operational pressures have meant that additional escalation beds have been open daily.
Net surplus/ deficit	• In agreement with the system and regulator the Trust had submitted a full year forecast deficit of £14.5m compared with the original breakeven plan for 2023/24. • The full year actual deficit of £10.8m was in line with the forecast less an additional £3.7m of Industrial Action funding received in March.	• Final financial figures are subject to external audit sign-off.
CIPs	• CIP delivery of £33.4m was £0.1m ahead of the £33.3m full year plan. There were also a further £2.9m of additional savings identified as part of the national NHSE Recovery programme.	• The budget had originally targeted 86% of the plan to be delivered by recurrent schemes but final position included 59% of recurrent savings.
Cash balance	• Cash balance closed at £99.8m which is £27.3m below plan.	• Cash balances have decreased from the opening April position due to a combination of movements in working capital and a deficit position.
Capital expenditure	• Capital spend finished the year at £67.7m which was £0.1m ahead of the revised plan.	• None to report.

3

Income & Expenditure - Month 12 YTD – Summary

Frimley Health	23/24 Year End vs. Plan			23/24 Year End vs. FOT		
	Plan	Actual	Variance	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m
Income	985.2	1,061.3	76.2	1,020.7	1,061.3	40.6
Expenditure	(935.1)	(1,021.2)	(86.1)	(984.7)	(1,021.2)	(36.5)
Trust Financing(cost)	(50.3)	(50.7)	(0.4)	(50.1)	(50.7)	(0.6)
Net Revenue Surplus / (Deficit)	**(0.2)**	**(10.6)**	**(10.3)**	**(14.1)**	**(10.6)**	**3.5**
Allowable Items (Impairment & Donated)	0.2	(0.2)	(0.5)	(0.4)	(0.2)	0.2
Adjusted Revenue (Deficit)/Surplus	**0.0**	**(10.8)**	**(10.8)**	**(14.5)**	**(10.8)**	**3.7**

High Level Variance Drivers	In Month Variance	YTD Variance
	£m	£m
Medical Industrial Action - additional staffing	0.0	(5.3)
Pay Award	(0.2)	(3.4)
Unfunded escalation Costs	(1.0)	(9.0)
Unfunded Outsourcing Costs	(0.2)	(4.4)
Unfunded RMN & Specialist HCAS	0.0	(1.4)
EPIC Stabilisation and Validation	0.1	(1.8)
Drugs (net of additional income)*	(8.3)	(10.8)
NHSE Capital Charges Support	0.0	1.2
Other (net of CIP)	1.9	(1.1)
Industrial Action and ERF income	4.1	21.7
CNST Benefits	0.0	3.5
Bottom line Variance	**(3.6)**	**(10.8)**

Industrial action, escalation, outsourcing and not delivering planned non recurrent drugs benefits caused pressures to the Trust in the financial year 23/24.

The Trust made a significant gain in recruiting staff (particularly nurses) which led to reductions in agency expenditure, however, bank usage remained higher than planned throughout the year

Drugs prescribing costs increased since August 2023 and are not all offset by additional income from specialised commissioning (NHSE)

Other includes, but not limited to; Higher than planned WLI expenditure, higher staff deployed (special care) in some areas, ongoing bank premium costs above establishment, supernumerary time for new overseas recruits, ongoing IT systems post EPIC, fire watch cover on Frimley sites.

Key Plan and Actuals to Date:

The Trust financial position shows a £14.5m adjusted deficit YTD, £7.2m worse the submitted plan (excludes notional pension adjustment)
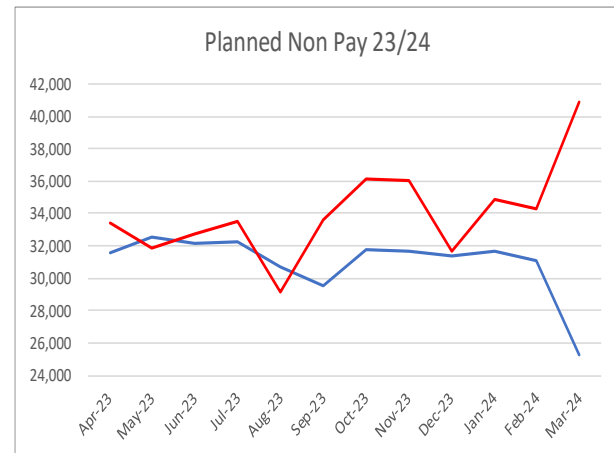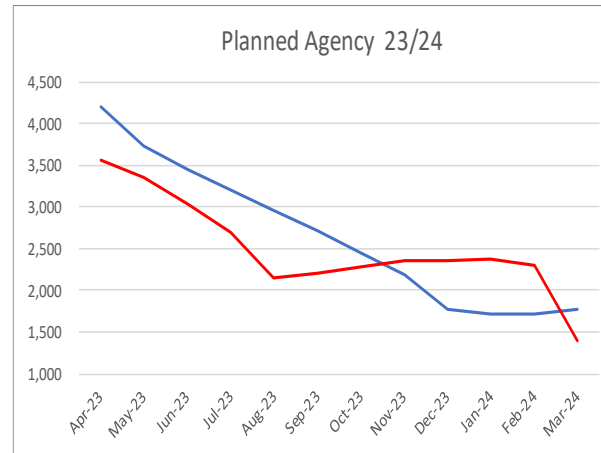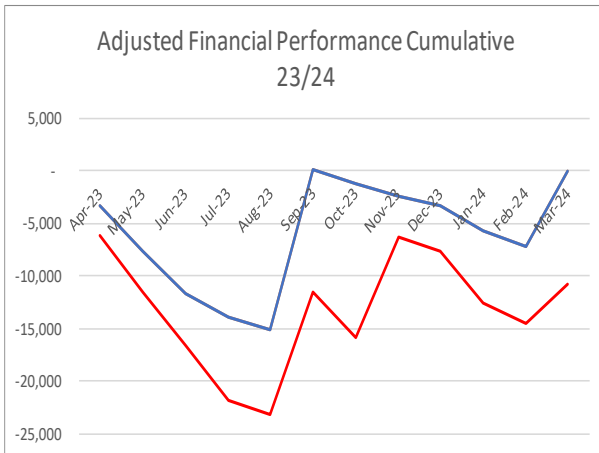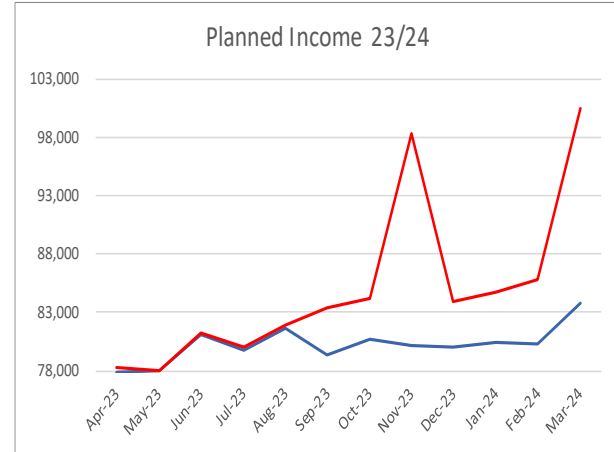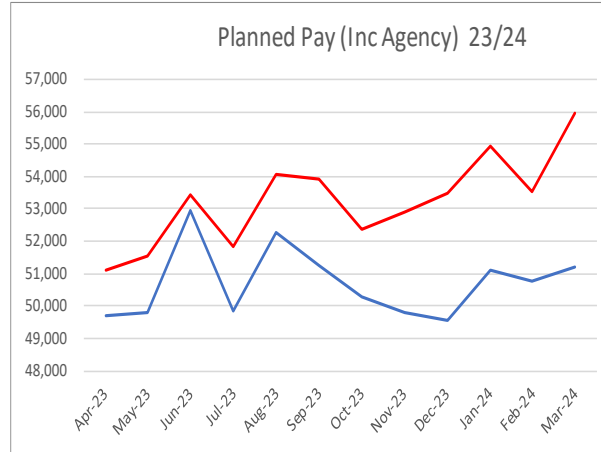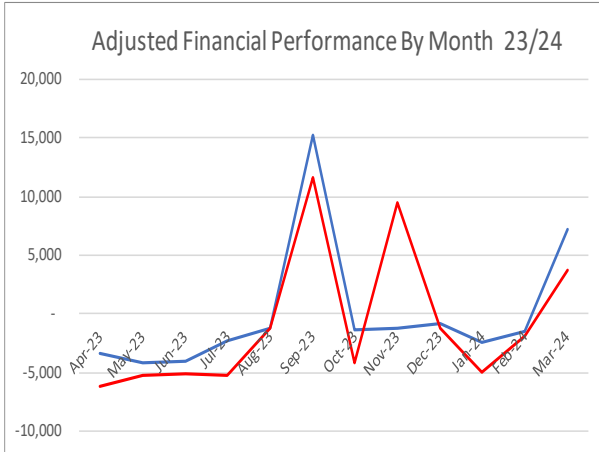
I&E Month 12 Subjective Analysis
Vs Internal plan (higher budget substantive staff and lower bank and agency)

I&E by Subjective Heading	YTD Bud £	YTD Act £	YTD Var £	YTD 22/23 Act £m	Yr on Yr %
Income					
Income From Activities	892.7	923.6	30.9	924.6	-0.1%
Private Patient Unit	12.9	15.0	2.1	13.7	9.4%
Other Operating Income	79.5	122.7	43.2	116.2	5.6%
Income Total	**985.2**	**1,061.3**	**76.2**	**1,054.4**	**0.7%**
Pay					
Admin & Mgmt	(80.6)	(77.5)	3.1	(80.0)	-3.0%
Allied Health Professionals	(41.0)	(36.3)	4.7	(34.5)	5.2%
Ancillary	(84.1)	(88.7)	(4.6)	(88.3)	0.4%
Medical	(169.6)	(175.4)	(5.8)	(164.3)	6.7%
Nursing	(191.7)	(190.4)	1.4	(185.0)	2.9%
Prof Tech & Scientific	(41.0)	(37.9)	3.1	(42.6)	-10.8%
Agency Staff	(1.5)	(30.1)	(28.5)	(49.9)	-39.7%
Other Pay Related Expenditure	(1.9)	(27.5)	(25.5)	(21.6)	27.3%
Pay Total	**(611.7)**	**(663.8)**	**(52.2)**	**(666.2)**	**-0.4%**
Non-Pay					
Clinical Service And Supplies	(87.4)	(84.5)	3.0	(82.2)	2.8%
Drugs	(82.0)	(94.5)	(12.5)	(92.9)	1.7%
General Supplies And Services	(11.5)	(13.2)	(1.7)	(13.3)	-0.2%
Premises & Fixed Plant	(63.9)	(69.1)	(5.1)	(66.5)	3.8%
Other Non Pay	(38.2)	(59.6)	(21.4)	(55.7)	7.0%
CNST	(40.4)	(36.5)	3.9	(30.2)	20.9%
Non-Pay Total	**(323.4)**	**(357.3)**	**(33.9)**	**(340.7)**	**4.9%**
Trust Financing (Excl. Impairment)	(50.3)	(50.7)	(0.4)	(48.4)	4.7%
Net Position	**(0.2)**	**(10.6)**	**(10.3)**	**(0.5)**	
Allowable Items	0.2	(0.2)	(0.5)	0.4	
Grand Total	**0.0**	**(10.8)**	**(10.8)**	**(0.5)**	

* 22/23 comparators have been uplifted by the national cost uplift factor (CUF) for comparison

Income: Commissioner income includes; additional ERF, Industrial action support and specialised commissioning drugs pass-through. Private patient income (inc overseas) remains ahead in both YTD plan and Year on Year. Other operating income includes £24.7m notional pension and other non-recurrent income in relation to capital charges and historic integration.

Pay: Despite strong recruitment, the Trust continues to use high levels of bank, even after agency reductions compared to 22/23. Notional pension adds £24.7m unbudgeted cost. There was higher than planned usage of additional staff caring for patients with mental health needs, although this has been materially better managed to reduce spend as the year went on. Escalation beds have remained open as well as costs associated with industrial action.

Non Pay:

Clinical Supplies remain under plan. There is an adverse price variance masked by the underspend as activity is not hitting all of the Trust theatre elective plans.

Drugs are showing overspends due to high homecare issues since August and planned non recurrent reductions not being achieved.

Other non-pay pressure is in relation to outsourcing clinical work, managed service IT staffing, EPIC validation as well as some externally funded ICS digital costs and overseas recruitment costs.

I&E Month 12 Directorate Analysis

Trust Directorate Performance	YTD Bud £	YTD Act £	YTD Var £	YTD 22/23 Act £m	Yr on Yr %
Contracts					
CCG Income	896.1	923.6	27.5	924.6	-0.1%
Central Income	13.5	13.9	0.4	19.3	-27.8%
Contracts	**909.6**	**937.5**	**27.9**	**943.8**	**-0.7%**
Clinical Directorates					
Acute Medicine	(18.7)	(19.1)	(0.5)	(17.3)	10.8%
Cancer	(3.2)	(3.0)	0.2	(3.0)	-0.8%
Community, Frailty & Elderly Care	(50.2)	(52.7)	(2.5)	(51.8)	1.8%
Emergency Department	(46.8)	(51.9)	(5.1)	(48.4)	7.3%
Maternity & Gynaecology	(46.8)	(47.3)	(0.5)	(46.8)	1.0%
Medicine	(185.4)	(205.6)	(20.2)	(188.4)	9.1%
Orthopaedics & Plastics	(33.7)	(36.2)	(2.5)	(34.4)	5.2%
Paediatrics	(26.2)	(25.8)	0.4	(26.2)	-1.8%
Pathology	(55.6)	(57.8)	(2.2)	(68.6)	-15.8%
Radiology	(36.4)	(39.3)	(2.9)	(33.3)	18.0%
Specialist Surgery	(21.3)	(22.3)	(1.0)	(20.7)	7.7%
General Surgery & Urology	(44.5)	(48.9)	(4.4)	(45.7)	7.0%
Theatres Crit Care & Anaesthetics	(98.0)	(100.7)	(2.7)	(97.7)	3.0%
Therapies	(18.1)	(18.1)	(0.0)	(17.4)	4.5%
Clinical Directorates	**(685.0)**	**(728.8)**	**(43.7)**	**(699.8)**	**4.1%**
Corporate					
Director of Integration	(0.8)	5.2	6.0	(0.1)	-4534.1%
Medical Director	(2.2)	(1.7)	0.5	(0.6)	179.7%
Nursing & Quality	(49.5)	(49.6)	(0.1)	(38.3)	29.5%
Private Patients	3.9	5.8	1.9	4.5	29.3%
Research & Innovation	(0.1)	0.1	0.1	(0.0)	-4817.7%
Trust Board	(2.1)	(2.1)	0.1	(1.9)	8.3%
Finance & Contracts	(9.3)	(8.9)	0.4	(8.0)	10.6%
IM&T	(25.0)	(25.5)	(0.5)	(23.7)	7.4%
Estates, Facilities, Strategy	(67.5)	(70.5)	(2.9)	(70.4)	0.1%
Human Resources	(14.9)	(14.4)	0.5	(13.5)	6.8%
Chief Operating Officer	(36.5)	(38.3)	(1.8)	(34.5)	11.0%
Corporate Directorates	**(204.1)**	**(199.9)**	**4.2**	**(186.6)**	**7.1%**
Other					
Covid	(4.8)	(1.8)	3.0	(10.3)	-82.2%
Reserves	9.8	3.7	(6.1)	(25.0)	-115.0%
Trust Financing	(25.7)	(21.3)	4.4	(23.0)	-7.2%
Other	**(20.7)**	**(19.4)**	**1.3**	**(58.3)**	**-66.7%**
Allowable Items	0.2	(0.2)	(0.5)	0.4	
Grand Total	**0.0**	**(10.8)**	**(10.8)**	**(0.5)**	

Contracts : £27.9m favourable YTD
CCG Income includes ERF and Industrial action support. Central Income includes Education & Training + RTA

Clinical: £43.7m adverse YTD
Driven by Industrial action, outsourcing and drugs prescribing since August 2023.
Medicine directorate has the highest pressures on escalation and non-elective length of stay.

WLI Elective, Special care, Escalation and the supernumary period of newly appointed overseas nurses have all been pressures across the main overspending areas.

Corporate: £4.2m favourable YTD
Private patients have exceeded targets on income and internal recharging for NHS beds.

COO has pressure due to patient transport costs and UEC Improvement projects, as well bed recharges for use of PP Beds (offset in PP)

Estates has backdated energy and a number of high inflation cost pressures on supplies and services

Integration relates to a release of historic deferred income.

Other: £1.3m favourable YTD
Driven by financing – Interest receivable and capital charge funding. Recharges to covid dropped, Reserves include unallocated CIP and pay inflation pressure offset by CNST benefit. Reserves budget included some non-recurrent gains mitigated in Corporate above.

* 22/23 comparators have been uplifted by the national cost uplift factor (CUF) for comparison

Income & Expenditure – Key Drivers of YTD Variance by Directorate

Directorate	M12 YTD Variance	Key Drivers of Variance Year to Date										
		CIP	Unfunded Escalation Costs	Unfunded RMNs+ MHCAs	Unfunded Outsourcing Costs	Industrial Action	Drugs net of Add' Inc	Pay Award & Increment	CNST Benefit	Validation + Stablisation	NHSE Funding	Other
Contracts												
Ccg Income	27,550	0	0	0	0	0	0	0	0	0	21,730	5,820
Central Income	385	0	0	0	0	0	0	0	0	0	0	385
Contracts	**27,934**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**21,730**	**6,205**
Clinical Directorates												
Acute Medicine	(457)	276	0	(393)	0	(366)	(984)	0	0	0	0	1,010
Cancer	212	143	0	0	0	0	0	0	0	0	0	69
Community Services	(2,532)	(91)	(615)	(301)	0	(175)	1,376	0	0	0	0	(2,726)
Emergency Department	(5,078)	(1,041)	0	(29)	0	(1,108)	(178)	0	0	0	0	(2,721)
General Surgery And Urology	(4,376)	(504)	(606)	(46)	0	(424)	(585)	0	0	0	0	(2,210)
Maternity And Gynaecology	(478)	(148)	0	(1)	0	(350)	(24)	0	0	0	0	46
Medicine - Fp & Wp	(20,246)	(1,840)	(2,663)	(330)	(2,632)	(1,707)	(4,106)	0	0	0	0	(6,969)
Orthopaedics & Plastics	(2,460)	(387)	0	(200)	0	(248)	(209)	0	0	0	0	(1,416)
Paediatrics	448	(616)	0	(50)	0	(301)	1,192	0	0	0	0	223
Pathology	(2,158)	(7)	0	0	0	(4)	(755)	0	0	0	0	(1,392)
Radiology	(2,948)	(772)	0	0	(268)	(1)	(217)	0	0	0	0	(1,690)
Specialist Surgery	(974)	(263)	0	0	(383)	(199)	(154)	0	0	0	0	25
Theatres Crit Care & Anaes	(2,672)	(1,416)	(688)	(39)	(288)	(450)	(300)	0	0	0	0	509
Therapies	(23)	79	(283)	0	0	(2)	(11)	0	0	0	0	194
Clinical Directorates	**(43,743)**	**(6,587)**	**(4,855)**	**(1,390)**	**(3,571)**	**(5,335)**	**(4,957)**	**0**	**0**	**0**	**0**	**(17,048)**
Corporate												
Director of Intergation	5,992	0	0	0	0	0	(3)	0	0	0	0	5,995
Medical Director	522	186	0	0	0	0	0	0	0	0	0	336
Nursing & Quality	(117)	118	0	0	0	(0)	(1)	0	0	0	0	(234)
Private Patients	1,927	729	0	0	0	0	(74)	0	0	0	0	1,272
Research & Development	117	75	0	0	0	0	(4)	0	0	0	0	45
Trust Board	71	19	0	0	0	0	0	0	0	0	0	52
Finance & Contracts	447	299	0	0	0	0	0	0	0	0	0	148
IM&T	(518)	307	0	0	(836)	(10)	0	0	0	(1,805)	0	1,825
Estates & Hotel Services	(2,931)	1,524	(198)	0	0	0	0	0	0	0	0	(4,257)
Human Resources	547	(8)	0	(5)	0	0	9	0	0	0	0	551
Cheif Operating Officer	(1,848)	102	0	(1)	0	0	(542)	0	0	0	0	(1,407)
Corporate	**4,210**	**3,351**	**(198)**	**(6)**	**(836)**	**(10)**	**(614)**	**0**	**0**	**(1,805)**	**0**	**4,326**
Covid	2,998	0	0	0	0	0	87	0	0	0	0	2,911
Reserves	(6,113)	2,282	(3,996)	0	0	0	(5,341)	(3,400)	3,471	0	0	871
Trust Financing	4,399	1,058	0	0	0	0	0	0	0	0	1,238	2,103
Other	**1,284**	**3,340**	**(3,996)**	**0**	**0**	**0**	**(5,254)**	**(3,400)**	**3,471**	**0**	**1,238**	**5,885**
Allowable Items	**(482)**											**(482)**
Grand Total	**(10,796)**	**104**	**(9,049)**	**(1,396)**	**(4,407)**	**(5,345)**	**(10,825)**	**(3,400)**	**3,471**	**(1,805)**	**22,968**	**(1,114)**

Trust Agency Expenditure Trend

Monthly Agency Trend vs. NHSE Plan
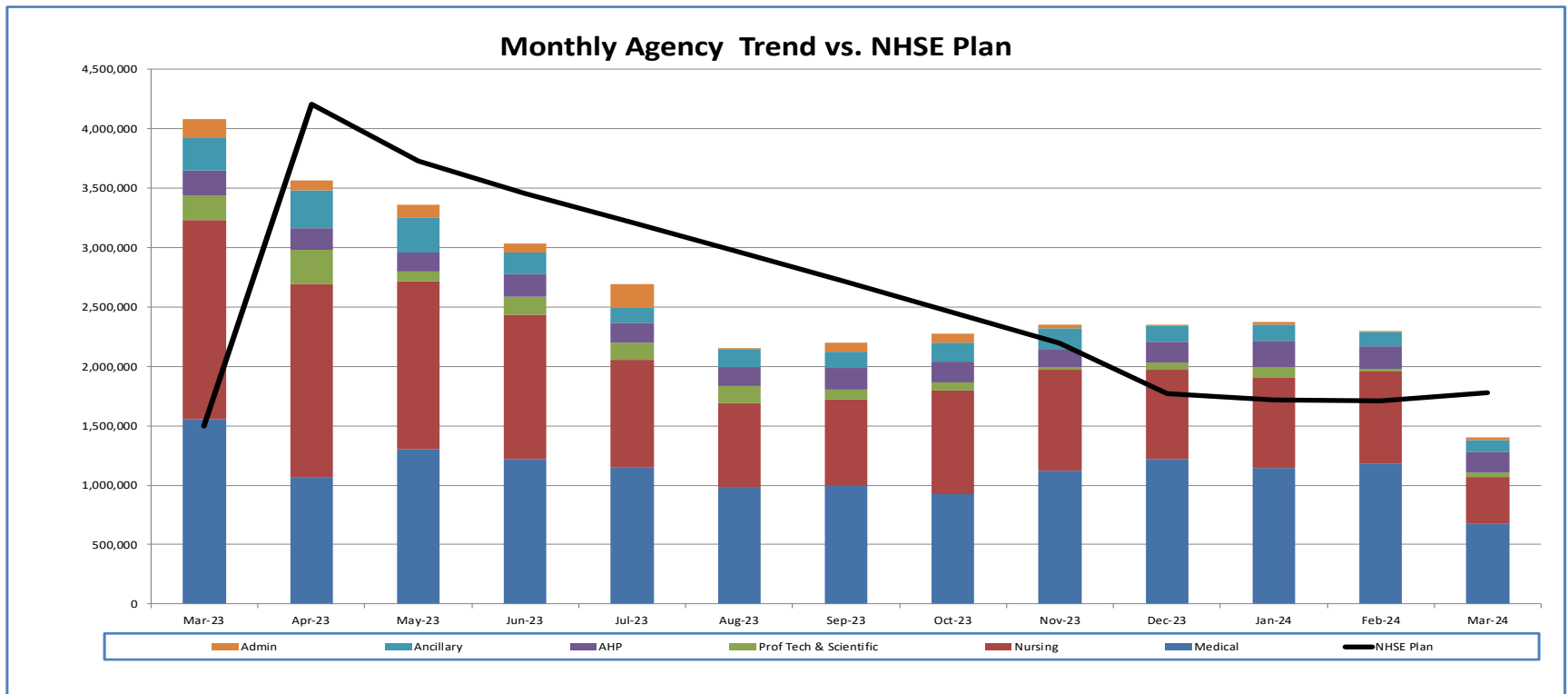
The Trust's external plan allowed for a much higher baseline spend in 23/24 which dramatically reduced from £4.2m in April 23 to £1.8m in March 24 as recruitment plans deliver more substantive staff and CIP/efficiency plans deliver reductions in both rates and usage – Since December 2023 the Trust has exceeded the monthly phased plan, although remains ahead YTD – March 2024 shows a lower spend of £1.4m although this includes a £0.8m non recurrent gain, so underlying is £2.2m in month.

In 2023/24 the Trust spent £30.1m on agency staff which is 36% lower than it did in 2022/23 (£47.3m).

Both Medical and Nursing are the two largest areas of agency expenditure, nursing has driven the spend reductions year on year with 55%, whilst medical is only 8% lower YTD compared to 22/23. There has been a higher year on year % reduction at the WPH sites compared to the FPH site.

Trust Agency Expenditure Detail

	Hospital Agency	Oct-23 £000s	Nov-23 £000s	Dec-23 £000s	Jan-24 £000s	Feb-24 £000s	Mar-24 £000s	YTD 23/24 £000s	YTD 22/23 £000s	%
	Medical	923	1,122	1,224	1,141	1,184	675	13,001	14,928	**-13%**
	Nursing	876	847	745	765	771	395	10,986	24,344	**-55%**
	Prof Tech & Scientific	68	28	65	86	24	38	1,199	3,415	**-65%**
	AHP	170	149	176	224	190	174	2,116	1,679	**26%**
	Ancillary	162	174	131	131	123	100	2,033	1,845	**10%**
	Admin	76	31	9	29	3	21	718	1,086	**-34%**
	Total	**2,275**	**2,350**	**2,351**	**2,377**	**2,295**	**1,402**	**30,053**	**47,298**	**-36%**

Site	Hospital Agency	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD 23/24	YTD 22/23	%
FPH	Medical	324	373	486	444	535	423	5,224	6,338	**-18%**
	Nursing	307	262	170	279	330	222	4,361	7,397	**-41%**
	Prof Tech & Scientific	59	4	41	56	28	23	842	1,620	**-48%**
	AHP	79	60	70	133	100	93	1,175	1,110	**6%**
	Ancillary	122	109	95	101	90	146	1,301	304	**328%**
	Admin	70	31	8	12	3	20	649	856	**-24%**
FPH		**960**	**839**	**869**	**1,025**	**1,085**	**927**	**13,552**	**17,625**	**-23%**
WPH	Medical	600	749	738	698	649	252	7,773	7,810	**0%**
	Nursing	569	591	574	495	436	173	6,588	15,465	**-57%**
	Prof Tech & Scientific	9	23	24	31	-3	15	357	1,794	**-80%**
	AHP	92	88	107	91	91	80	941	547	**72%**
	Ancillary	40	65	36	30	33	-46	733	1,539	**-52%**
	Admin	6		1	17		1	72	116	**-38%**
WPH		**1,315**	**1,516**	**1,481**	**1,361**	**1,205**	**475**	**16,463**	**27,272**	**-40%**
Covid			**-6**	**1**	**-8**	**5**		**38**	**2,401**	**-98%**
Total		**2,275**	**2,350**	**2,351**	**2,377**	**2,295**	**1,402**	**30,053**	**47,298**	**-36%**

Trust Bank Expenditure Trend

Monthly Bank Trend vs. NHSE Plan

Legend: Medical, Nursing, Prof Tech & Scientific, AHP, Ancillary, Admin, High Level Forecast, NHSE Plan
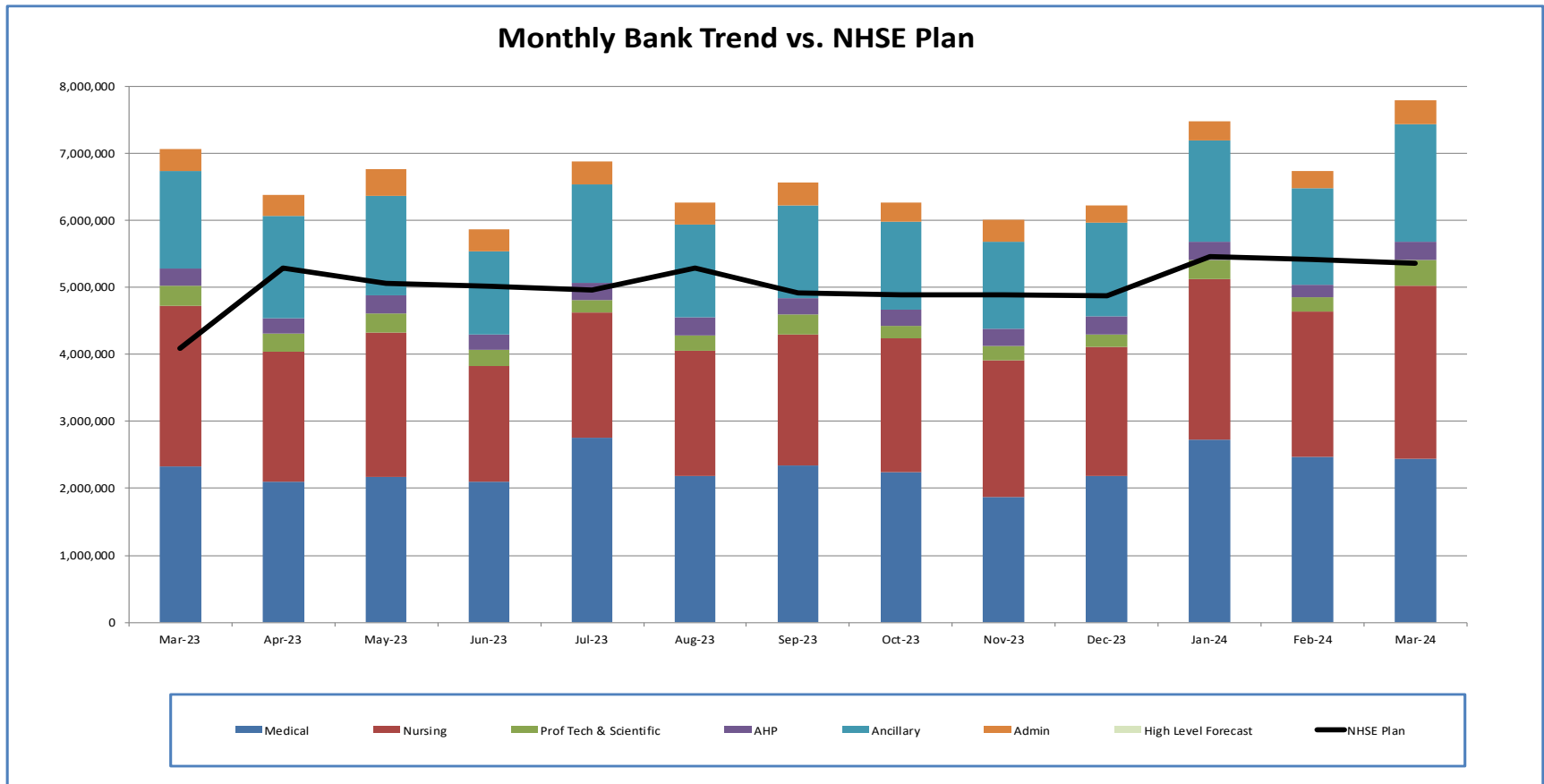
Whilst the Trust's external plan increased for bank in 23/24 , actuals are still more than the plans allow. A large part of this is due to covering Industrial Action and escalation throughout the year. January 2024 was higher due to a non-recurrent bonus to agenda for change staff, March was high due to year-end adjustments as well as high annual leave cover

In 23/24 financial year the organisation spent £10m more than the previous year. Cover for industrial action, escalation and other staffing pressures are sighted as the key drivers of the ongoing bank utilisation despite high levels of recruitment compared to last year

The external plan did allow for a small increase due to expected winter pressures from January 2024.

Trust Bank Expenditure Detail

Hospital Bank	Oct-23 £000s	Nov-23 £000s	Dec-23 £000s	Jan-24 £000s	Feb-24 £000s	Mar-24 £000s	YTD 23/24 £000s	YTD 22/23 £000s	%
Medical	2,244	1,867	2,182	2,727	2,478	2,448	27,584	21,236	29.9%
Nursing	1,991	2,046	1,924	2,401	2,162	2,576	24,640	21,680	13.7%
Prof Tech & Scientific	195	212	189	285	211	389	2,998	4,262	-29.7%
AHP	234	262	270	271	194	262	2,983	2,155	38.4%
Ancillary	1,311	1,296	1,398	1,512	1,429	1,769	17,211	15,339	12.2%
Admin	293	325	265	283	264	356	3,824	4,565	-16.2%
Total Hospital Bank	**6,268**	**6,008**	**6,227**	**7,479**	**6,738**	**7,800**	**79,241**	**69,238**	**14.4%**

Site	Hospital Bank	Oct-22	Nov-22	Dec-22	Jan-24	Feb-24	Mar-24	YTD 23/24	YTD 22/23	%
FPH	Medical	1,135	961	1,053	1,325	1,270	999	13,661	9,406	45.2%
	Nursing	971	1,015	938	1,111	1,106	1,215	11,818	8,982	31.6%
	Prof Tech & Scientific	132	151	87	206	124	225	1,882	2,168	-13.2%
	AHP	99	104	102	120	95	88	1,219	950	28.4%
	Ancillary	697	710	782	818	799	906	9,449	8,163	15.8%
	Admin	171	189	144	167	174	177	2,205	2,461	-10.4%
FPH		**3,205**	**3,130**	**3,105**	**3,748**	**3,569**	**3,610**	**40,234**	**32,129**	**25.2%**
WPH	Medical	1,109	904	1,128	1,392	1,207	1,448	13,875	10,505	32.1%
	Nursing	989	1,012	949	1,290	1,032	1,352	12,528	11,269	11.2%
	Prof Tech & Scientific	61	60	98	79	81	162	1,093	2,010	-45.6%
	AHP	135	158	167	151	100	174	1,764	1,211	45.6%
	Ancillary	600	577	600	694	621	856	7,571	6,062	24.9%
	Admin	113	127	113	116	88	177	1,543	1,771	-12.9%
WPH		**3,008**	**2,839**	**3,057**	**3,722**	**3,130**	**4,168**	**38,374**	**32,829**	**16.9%**
Covid		**55**	**39**	**65**	**9**	**40**	**22**	**632**	**4,280**	**-85.2%**
Total		**6,268**	**6,008**	**6,227**	**7,479**	**6,738**	**7,800**	**79,241**	**69,238**	**14.4%**

Efficiency Performance: M12 Overview

Overall performance:

The total efficiency target for 2023-24 is **£33.3m.** Actual savings achieved are **£33.4m**, which is **£0.1m ahead of plan**.

Of the £33.3m planned efficiency savings, 86% were planned to be delivered through recurrent measures, however actual delivery is 59% recurrent to 41% non recurrent. A further £4.1m is forecast to be delivered in 2425; ie the full year effect of 2324 schemes.

The key variances against the plan at M12 relate to private patient income £0.7m favourable, energy £1.4m favourable; procurement £0.5m favourable; high cost staffing £2.6m adverse driven by medical and locums, and staff cost savings driven by substantive recruitment.

- Directorates have underachieved their plan by £0.1m. Key favourable variance are energy and procurement savings; key adverse variances relate to under delivery of agency related pay schemes in General Surgery, TACC, Radiology, ED and Medicine and time lags on some drug savings being delivered meaning the saving will be in 2425 instead.
- The transformational schemes have over achieved their plan by £0.2m. Key favourable variances are Private Patient income above target and inventory review, with key adverse variances in all other schemes as shown below. The most significant adverse variance is high cost staffing of £2.6m. The transformational element of the plan is over identified by £2.6m which accounts for the balance.

Savings Area £'000	2324 Total Plan	2324 YTD plan	2324 YTD Actual	2324 YTD Variance	Last months Forecast	Movement in Forecast
Directorate	24,922	24,922	24,824	-98	24,704	119
Transformational	8,377	8,377	8,580	203	8,710	-130
Grand Total	**33,300**	**33,300**	**33,404**	**105**	**33,415**	**-11**

Transformational Savings Area £'000	2324 Total Plan	2324 YTD plan	2324 YTD Actual	2324 YTD Variance	Last months Forecast	Movement in Forecast
1. High cost staffing	5,417	5,417	2,788	-2,628	2,805	-16
3. EPIC Benefit Realisation	2,670	2,670	2,139	-532	2,138	0
5. Transport	365	365	16	-349	16	0
10. Private Patients	1,000	1,000	1,730	729	1,909	-180
11. Interest	1,500	1,500	1,058	-442	1,042	16
12. inventory review	0	0	850	850	800	50
Grand Total	**8,377**	**8,377**	**8,580**	**203**	**8,710**	**-130**

13

Capital Month 12

Capital Expenditure (£m)	Annual Plan (£m)	Revised Annual Plan (£m)	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)	FY (£m)	FY Variance (£m)		YTD Actual (£m)	Prior Month YTD Actual (£m)	Movement In Spend
Estates	49.9	53.5	49.9	53.7	- 3.7	53.7	- 0.2		53.7	35.2	18.4
Digital Services	5.0	6.2	5.0	6.2	- 1.2	6.2	- 0.0		6.2	5.5	0.7
Medical Equipment	5.0	5.7	5.0	5.5	- 0.5	5.5	0.1	*	5.5	5.7	- 0.1
NHP	-	2.2	-	2.2	- 2.2	2.2	-		2.2	1.9	0.3
Total Capital Expenditure	**59.9**	**67.6**	**59.9**	**67.7**	**(7.7)**	**67.7**	**(0.1)**		**67.7**	**48.3**	**19.3**

Funded By Trust	34.3	34.3
PDC	25.7	32.5
Donated/Grant	-	0.8
Total Capital Funding	**59.9**	**67.6**

	Opening Capital Resource	Adjustment	Revised Capital Resource
Trust Capital	**£000's**	**£000's**	**£000's**
System Allocation	34,259		34,259
PDC - RAAC	5,000	1,500	6,500
PDC - M Block (TIF)	20,675	- 10,675	10,000
PDC - CDC Slough Hub		3,679	3,679
PDC - CDC St Marks Pad		500	500
PDC - AI Deployment		64	64
PDC - Cyber		94	94
PDC - Imaging X-Ray St Marks		130	130
PDC - NHP (Internal Management Fees)		1,626	1,626
PDC - NHP (Enabling Works)		600	600
PDC - RAAC (M Block)		8,000	8,000
PDC - DDCP iRefer		57	57
PDC - DDCP Universal Ice		1,000	1,000
PDC - Farnham Repackaging Unit		170	170
PDC - Imaging Equipment		90	90
Donated / Grant		835	835
Total 2023/24	**59,934**	**7,670**	**67,604**

Key messages:

- Capital spend in M12 £19.3m taking the FY spend to £67.7m, £0.1m above the revised forecast submitted at M11
- No changes in month to the FY plan as no additional national programme funding received for the year
- Spend against the estate programme finished slightly ahead of forecast by £0.2m at £53.7m offset by a small underspend in the medical equipment programme of £0.1m and following a reallocation of expenditure between programmes in month.
- Digital services strategy finished in line with forecast having seen expenditure in month against new schemes where external funding received

Capital Expenditure Plan	System Allocation	PDC - RAAC	PDC - TIF	PDC - CDC	PDC - AI	PDC - Cyber	PDC - Imaging	PDC - NHP	PDC - DDCP	Donated	PDC - Pharmacy Repack Unit	2023/24 Total
Estates	24,259	14,500	10,000	4,179						560		53,498
Digital Services	5,000				64	94			1,057			6,215
Medical Equipment	5,000						220			275	170	5,665
NHP	0							2,226				2,226
Total	**34,259**	**14,500**	**10,000**	**4,179**	**64**	**94**	**220**	**2,226**	**1,057**	**835**	**170**	**67,604**

14/15

Statement of Financial Position M12

Statement of financial position	Plan	Actual	Variance
	M12	M12	M12
	£'000	£'000	£'000
Non-current assets			
Intangible assets	75,008	72,651	(2,357)
Other property, plant and equipment (excludes leases)	541,793	521,358	(20,435)
Right of use assets - leased assets for lessee (excludes PFI/LIFT)	11,117	10,917	(200)
Receivables: due from NHS and DHSC group bodies	1,264	958	(306)
Total non-current assets	**629,182**	**605,884**	**(23,298)**
Current assets			
Inventories	15,862	17,522	1,660
Receivables: due from NHS and DHSC group bodies	22,030	32,637	10,607
Receivables: due from non-NHS/DHSC group bodies	48,006	29,028	(18,978)
Credit Loss Allowances	0	(4,444)	(4,444)
Cash and cash equivalents: GBS/NLF	127,070	99,675	(27,395)
Cash and cash equivalents: commercial / in hand / other	51	170	119
Total current assets	**213,019**	**174,588**	**(38,431)**
Current liabilities			
Trade and other payables: capital	(25,853)	(12,635)	13,218
Trade and other payables: non-capital	(118,377)	(108,906)	9,471
Borrowings	(12,647)	(8,518)	4,129
Provisions	(180)	(396)	(216)
Other liabilities: deferred income including contract liabilities	(17,174)	(11,548)	5,626
Total current liabilities	**(174,231)**	**(142,003)**	**32,228**
Total assets less current liabilities	**667,970**	**638,469**	**(29,501)**
Non-current liabilities			
Borrowings	(25,879)	(30,032)	(4,153)
Provisions	(2,060)	(2,184)	(124)
Total non-current liabilities	**(27,939)**	**(32,216)**	**(4,277)**
Total net assets employed	**640,031**	**606,253**	**(33,778)**
Financed by			
Public dividend capital	413,584	420,419	6,835
Revaluation reserve	129,644	99,346	(30,298)
Income and expenditure reserve	96,803	86,488	(10,315)
Total taxpayers' and others' equity	**640,031**	**606,253**	**(33,778)**

Frimley Health Total Assets Employed as at 31st March are £606m. This is against a plan of £640m due to the £10.3m) adverse I&E deficit position and the revaluation reserve (£30.3m)

- Non-current assets are £605.9m against the plan of £629.2m, a variance of (£23.3m) due to the capital under spend reported year to date.
- Current assets are (£38.4m) under plan at month 12. This variance is mainly due to the cash variance of (£27.4m) adverse. Cash being £99.8m against a plan of £127.1m
- The key drivers for the cash variance are the I&E deficit, capital payables movement, and the receivable owed for IA and ERF funding.
- Current liabilities are showing a significant variance of £32.3m within trade and other payables. This can be explained by 22/23 pay award payment of £17.7m.
- As stated last month capital payables are now in line with plan as expenditure against the capital programme increases.
- Borrowings and non-current liabilities remain on plan for the year.

Report Title	Plan Submission (2nd May)
Meeting & Date	Public Board of Directors, Friday 3rd May 2024
Agenda Item	10.
Author and Executive Lead	Charles Porter (Interim Deputy CFO) Kishamer Sidhu (Chief Financial Officer)
Executive Summary	The outcomes of the financial plan are presented, as attached. This is a summary of the plan for submission on the 2nd May. The income expenditure position is currently showing a deficit of £27.2m for 24-25 after £45m of savings. The savings percentage is currently 4.3%, with directorates and standard transformation projects being 3%. While there are unfunded items impacting the position (principally CNST of £6.3m and epic of £7.2m) the majority of the deficit is being driven by the 23-24 recurring run rate which is no longer supported by non recurring measures. A key driver for historical run rates becoming established and indeed the plan for 24-25 is the volume of patient we will see and the efficiency we will see them at. The organisations activity and efficiency indicators are included. Resolution of the deficit requires recurring plans to deliver productivity improvements sustainably, benefits of previous cases and new developments such as M Block. The capital plan for 24-25 is highly restricted in comparison to previous years with M Block taking a significant element of available resource. This means capital will need to be matched against the highest risks until further resources become available. This matching has been done by respective teams in estates, IT and medical equipment; with the resultant plan shown. The organisation is expected to maintain a healthy cash position, but this is being depleted by the income and expenditure deficit.
Background	The organisation will be required to submit a full planning return on the 2nd May. Delegation for approval has been provided by the chairman to the CEO and CFO, based on an assumption further stretch will be expected.
Issues and Options	The focus in the coming months both nationally and locally will focus on actions to stem run rates, while this can be achieved in the short terms through controls, sustainability requires a relentless focus on operational efficiency.

Recommendation	Board is asked to note the return submitted, based on delegated authority.
Appendices	- Income and expenditure Plan - Activity Plan - Capital Plan
Compliance	The Trust is required to report performance against financial targets to the Board and is expected to deliver a financial breakeven.

Financial Plan 2024-25
Final Submission 2 May

Committed to excellence Working together Facing the future

Overview of Key Points: The Trust is proposing to submit a £29.2m deficit (compared with a FOT £14.5m deficit for 2023/24).   2024/25 sees a continuation of payment as non-elective activity is paid on block whilst most elective activity is paid based upon activity targets with the possibility to earn additional income if these targets are exceeded via the Elective Recovery Fund (ERF). Key operational targets for the Trust include eliminating elective waiting times of over 65 weeks and achieving 77% of the 4 hour target within A&E.

- 2024-25 sees a continuation of the 2023/24 funding model which included payment by results for most elective activity whilst non-elective remains on block funding arrangements.

- Subject to confirmation, the trust is required to deliver an average of 103% of elective activity based upon the 2019-20 baseline which was also the target for 2023/24. The income assumed is based on delivering 113% of the baseline figure.

- This year 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 2023-24 substantive budgets.

- Requests for cost pressure funding have been rigorously challenged and subject to business cases and a quality impact review. Only those which are deemed as unavoidable will remain supported by business cases.

- Overlaid against these have been an initial cost efficiencies target of £35.0m (£33.3m in 2023/24) which have been split between transformational and directorate schemes. In addition to these a further £10m of run-rate reducing CIPs have been included.

- Throughout February and March there were Directorate Planning Challenge Sessions to review all requests for additional funding for cost pressures and services developments. Where these were avoidable they have been removed whilst others have been retained pending quality impact and business case reviews.

- Initial planning submissions for both systems and providers was on 21st March with final submissions on 2nd May 2024.

2

Timetable

| Date	Item
29th February 24	'High-level' Operating Plan Submission
1st March 24	**Trust Board update**
w/c 11th March	Challenge sessions and Executive-level Review
15th March 24	Internal sign off
18th March 24	Board Review
19th March 24	ICB Sign off
21st March 24	Full Operating Plan Submission - midday
28th March 24	Board update
29th March 24	FIC review
2nd May 24	NHSE 'Final' full Operating Plan Submission

Planning Guidance – Key points

- NHSE issued an update on 22nd December 2023, with further interim draft guidance in February 2024, followed by the actual guidance in March 2024.

- The key guidance for acute providers were:
  - No industrial action in 2024/25
  - Improve on 2023/24 performance with a minimum of 77% of patients seen within 4 hours within urgent and Emergency Care by March 2025
  - Eliminate waits of over 65 weeks for elective care as soon as possible and at the latest by September 2024
  - System specific weighted activity targets are the same as those agreed for 2023/24
  - Electivity Recovery Fund (ERF) will continue to operate in a similar way to 2023/24
  - Improve cancer performance against the headline 62-day standards to 70% by March 2025
  - Improve performance against the cancer 28 day Faster Diagnosis Standard to 77% by March 2025
  - Increase the percentage of patients that receive a diagnostic test within six weeks compared to 2023/24
  - Continue to implement the Three-Year Delivery Plan For Maternity and Neonatal services
  - Delivery a balanced net system financial position for 2024/25, including repayments of 2022/23 overspends
  - Net tariff uplift for 24/25 is 0.6%, comprises of 1.7% inflation and 1.1% efficiency

Key assumptions

- No industrial action
- ERF income based on similar model to 23/24 (adjusted for no industrial action)
- Inflation
  - Calculated using the national assumptions (Pay 2.1%, drugs 0.3% and non-pay 0.6% on FHFT cost base)
  - A further allowance has been made for unfunded inflation, based on expected actual inflation from contracts.
  - Any additional pay settlement is fully funded.
- CIPS: based on the reduction of cost while maintaining or improving the quality of operations, products, or services
  - Cost reduction and efficiencies compared to the baseline budgets
  - Additional income leading to margin which is in addition to the baseline
  - Cost savings from reducing cost compared to prior year

Context - Frimley ICB System – High Level Submission

Frimley ICS Deficit Bridge
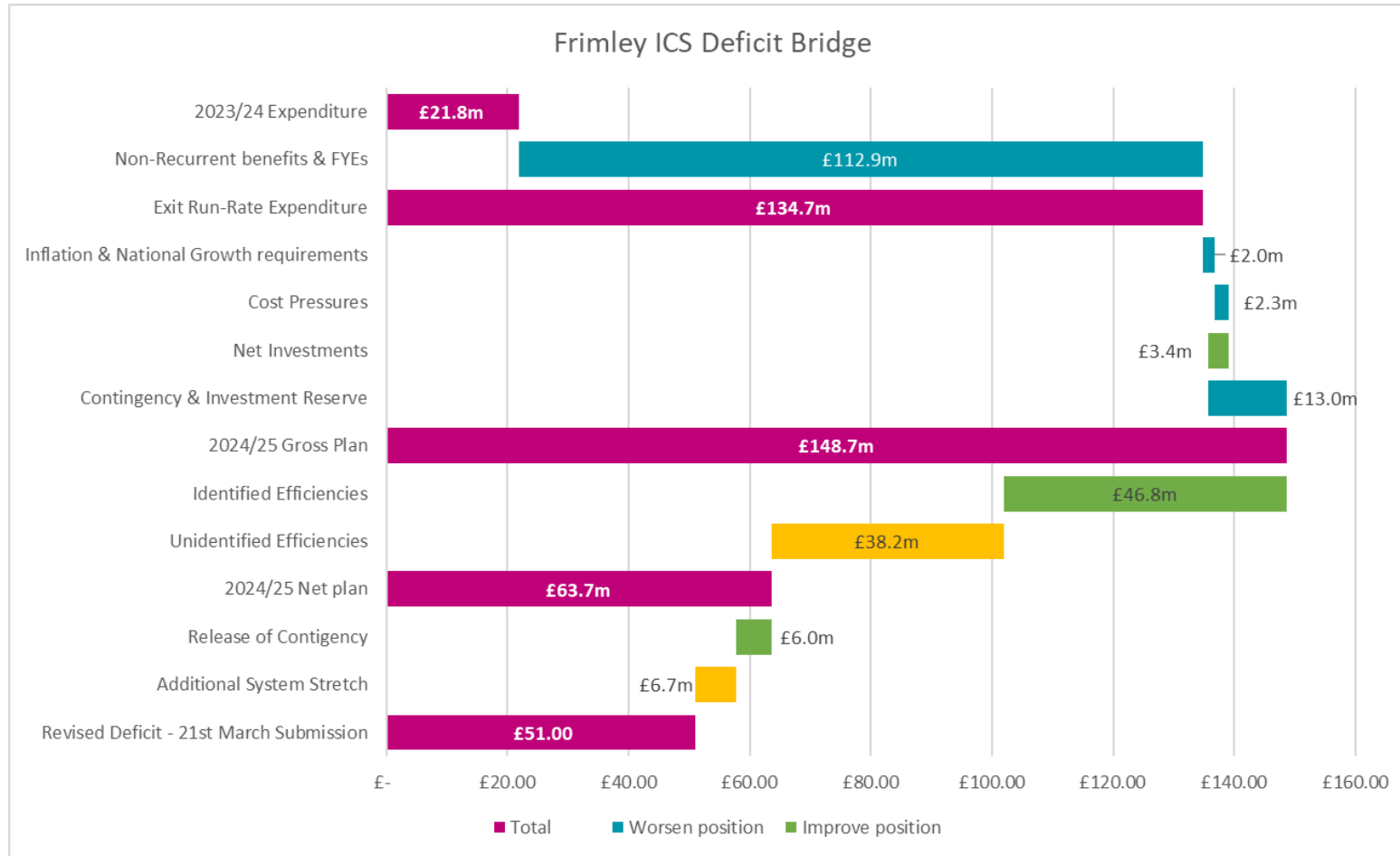
- Latest System deficit submitted was £51m, which included £31m for FHFT.
- £21.8m delivered for 23/24 with large non-recurrent benefits.
- FHFT figure included £43m of CIPs including £12.8m unidentified.
- To get to the £51m £38m of unidentified efficiencies were included.

Income and Expenditure Bridge from 23/24 to 24/25 Budget
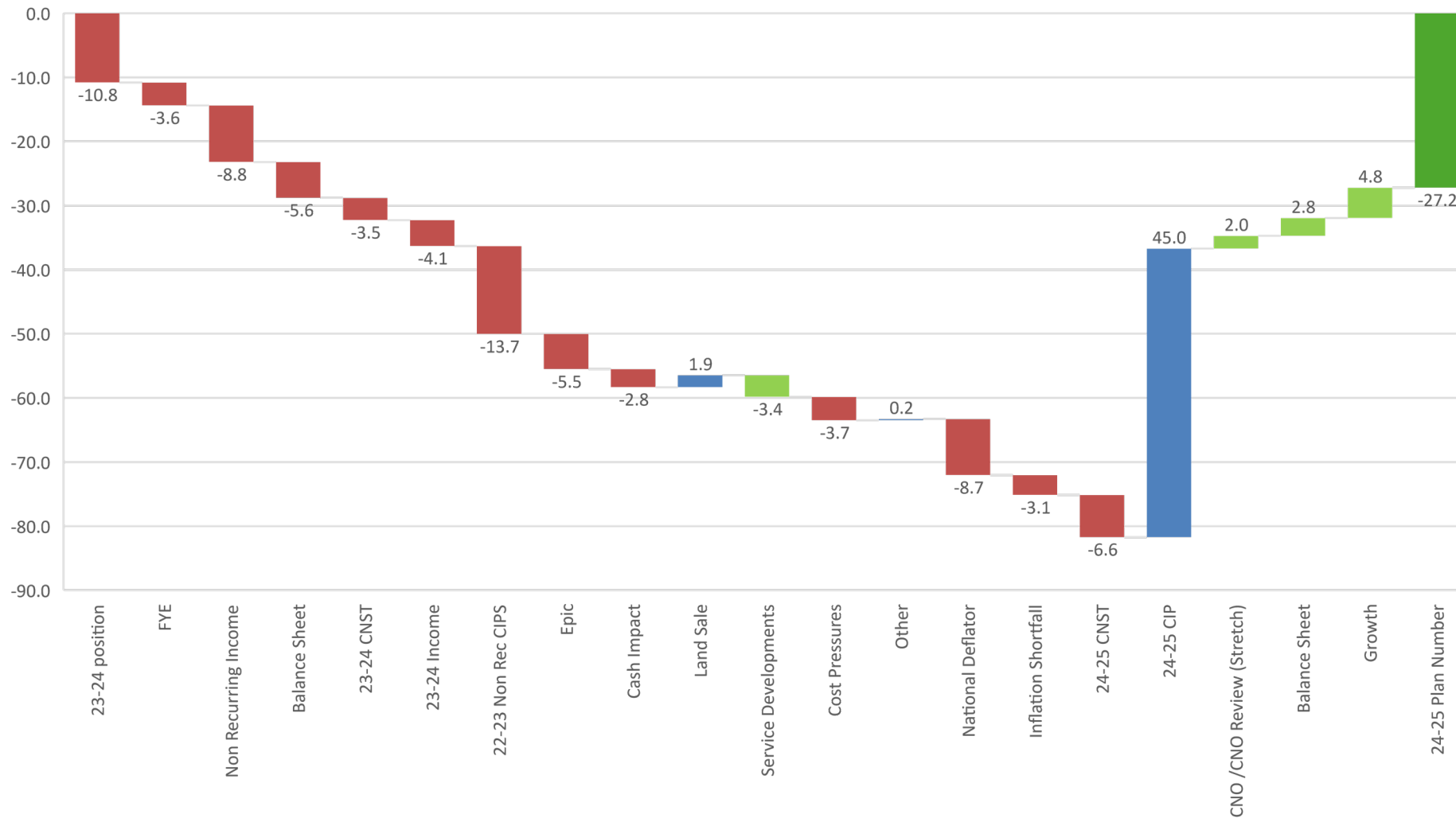
- Key Points

  - The Trust Board has previous received a paper highlighting that RACC has an impact of between £12.6m and £17.5m in the organization.

  - The implies the current £27.2m will be subject to further challenge

Income and Expenditure Draft Budget 24/25

Statement of comprehensive income	Plan 31/03/2025 Year Ending £'000
Operating income from patient care activities	937,656
Other operating income	75,306
Employee expenses	(646,385)
Operating expenses excluding employee expenses	(397,948)
OPERATING SURPLUS/(DEFICIT)	(31,371)
FINANCE COSTS	
Finance income	4,250
Finance expense	(451)
PDC dividends payable/refundable	(18,240)
NET FINANCE COSTS	(14,441)
Other gains/(losses) including disposal of assets	18,600
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	(27,212)

Efficiency Savings Plan for 2024/25

- The Efficiency requirement for 2024/25 is £35m. Efficiency savings will be delivered through a combination of both Directorate and Trust-wide Projects. In total, £31.3m has been identified.

- The Directorates targets have been issued based on 3%, totalling £27.1m.

- £10m of additional top down CIPS have been identified which are included in the £31m deficit

- This brings CIPs to 4.3% of operational cost

- Work is ongoing to identify the unidentified schemes.

Core CIPS	Identified	30,155
	Unidentified	7,899
		35,000
Top down CIPs		
Identified by planning group		2,043
Identified by planning group – QIA		3,666
Other		843
RMN Benefit from 23-24 H1 actions		1,000
Reduction in costs		250
Escalation closed		2,217
Total Top down		**10,019**
Total CIP in Plan		**45,019**

Workforce

Substantive Workforce:
- FHFT's substantive workforce has increased, since March 2020 from 8,843.9 wte to 10,243.64 wte at 31st March 2024.
- In 23/24 we saw a significant reduction in turnover, linked to our work as a People Promise exemplar site, as shown in the graph. This means that our vacancies have dropped and we have seen substantive wte growth.
- The 24/25 plan allows for a further substantive wte increase of 324.40 predominantly including M Block and CDC but also growth across directorates and vacancy fill.
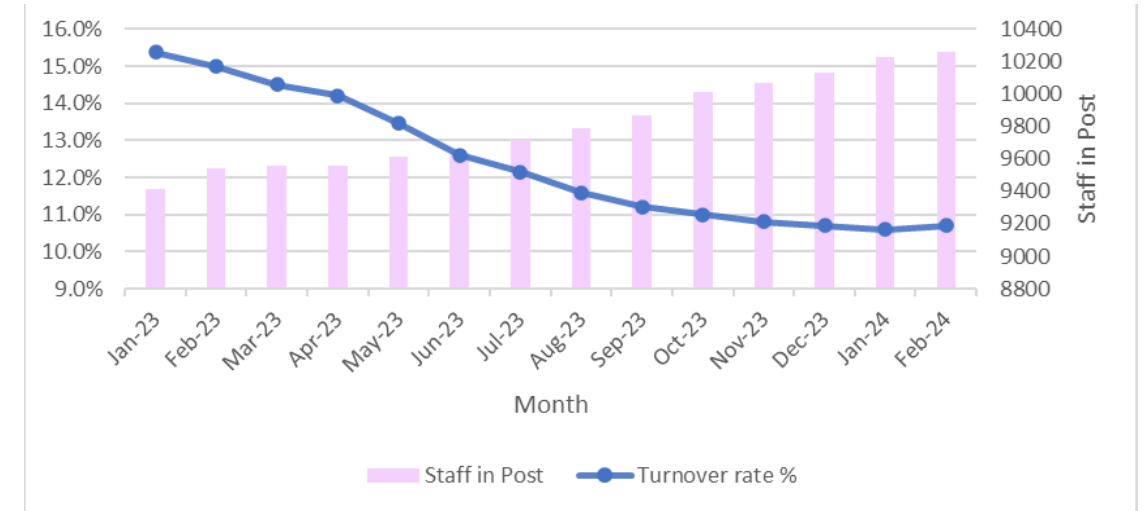
Agency:
- Agency saw a sharp increase in 22/23, followed by a sharp decline in H2 of 23/24. From a high of 8.6% in Feb 2023, agency spend is currently at 4.3% of paybill in Jan 2024, with the sharpest decline for nursing and other agency.
- The 24/25 plan includes a reduction in total wte agency from 270 wte (March 24 outturn) to 145.79 wte by March 2025.
- Work to reduce medical agency spend is a priority for 24/25, supported by work on job planning and e-rostering for medics.

Bank:
- Bank use has grown during 2023/24, partly due to the Trust's Bank First strategy, to support escalation areas/operational pressures and introduction of the bank Mental Health Care Assistant role to reduce agency spend.
- The 24/25 plan includes a reduction of total wte bank from 1136 wte (March 24 outturn) to 935.82 wte by March 2025.
- Further controls are due to be put into place to reduce the demand for bank.

Demand and Supply:
- 1,188.4 wte are predicted to leave the workforce by end March 2025 (10%)
- We need to bring 1,512.8 wte into the workforce to replace leavers, to maintain 8.5% vacancy rate and for new posts
- We will need to enhance the domestic pipeline during 24/25 and beyond in order to address the lower numbers of international recruits
- On average, we also recruit about 1,000 headcount onto our bank each year.

	Baseline (March 23)	Target 23/24	Target 24/25	Trend	2023 A	M	J	J	A	S	O	N	D	2024 J	F
Vacancy rate: all staff	13.9%	<=10.5%	<=8.5%		11.3%	13.3%	12.7%	12.7%	12.0%	10.4%	8.7%	8.9%	7.8%	7.9%	8.3%
Vacancy rate: Doctors	5.6%	<=5.0%	<=5.0%		4.7%	9.6%	10.5%	12%	7.9%	8.5%	7.8%	8.7%	6.0%	5.6%	6.4%
Vacancy rate: Nursing	12.2%	<=14.0%	<=6.0%		9.3%	14.5%	14.0%	13.4%	13.5%	11.2%	8.8%	9.2%	7.8%	7.5%	7.4%
Turnover rate	15.0%	<=13.0%	<=10%		14.1%	13.5%	13.3%	12.8%	11.6%	11.2%	11.0%	10.8%	10.7%	10.6%	10.7%
Agency spend as % of pay bill	8.4%	<=4.0%	<=3.0%		7.0%	6.5%	5.7%	5.2%	4.0%	4.1%	4.3%	4.4%	4.4%	4.3%	4.3%
Agency spend total (£000,000s)	£4.0M	£1.5M	£1.5M		£3.6	£3.3	£3.0	£2.7	£2.1	£2.2	£2.3	£2.4	£2.4	£2.3	£2.3
Appraisal rate (non medical)	67%	75%	75%		72%	72%	73%	73%	73%	71%	74%	74%	77%	77%	79%
Appraisal rate (medical)	NA	NA	75%							88%	88%	86%	85%	87%	86%
Mandatory and Statutory Training rate	87.0%	85%	85%		84%	86%	87%	87%	88%	89%	89%	89%	90%	90%	91%
Sickness absence rate	4.0%	<=2.9%	<=3.2%		3.8%	3.7%	3.6%	3.5%	3.5%	3.4%	3.4%	3.4%	3.3%	3.3%	3.3%
Time to hire	89 days	<=50	<=45 days		78	66.5	76	74	67	61	55	52	49.2	51.3	50.2

Cash

Summary Statement of Cash Flows	22/23 Actual £'000	23/24 Actual £'000	24/25 Plan £'000
Operating surplus/(deficit)	**(6,729)**	**(14,649)**	**(31,371)**
Depreciation and amortisation	38,177	37,486	39,034
Income recognised in respect of capital donations	(174)	(835)	(400)
(Increase)/decrease in receivables	(19,156)	12,499	0
(Increase)/decrease in inventories	(1,805)	(1,660)	0
Increase/(decrease) in trade and other payables	12,059	(18,471)	(6,000)
Increase/(decrease) in other liabilities	(8,440)	(8,626)	0
Increase/(decrease) in provisions	(276)	340	0
All other movements in operating cash flows	-	0	0
Net cash generated from / (used in) operations	**13,656**	**6,084**	**1,263**
Interest received	3,858	5,658	4,250
Purchase of intangible assets	(26,986)	(1,325)	(2,400)
Purchase of property, plant and equipment	(41,464)	(78,730)	(68,928)
Proceeds from sales of property, plant and equipment	16,784	16,329	18,600
Net cash generated from/(used in) investing activities	**(47,808)**	**(58,068)**	**(48,478)**
Public dividend capital received	17,623	32,510	37,069
Loans from Department of Health and Social Care - repaid	(6,840)	(6,840)	(4,040)
Other loans repaid	(982)	(981)	0
Capital element of lease liability payments	(6,274)	(5,620)	(5,646)
Interest paid	(566)	(499)	(451)
Interest element of lease liability payments	(162)	(121)	0
PDC dividend (paid)/refunded	(14,494)	(16,455)	(18,240)
Net cash generated from/(used in) financing activities	**(11,695)**	**1,994**	**8,692**
Increase/(decrease) in cash and cash equivalents	**(45,847)**	**(49,990)**	**(38,523)**
Cash and cash equivalents at start of period	195,681	149,834	99,844
Cash and cash equivalents at end of period	149,834	99,844	61,321

Key points:

 - Cash balance moves from opening position forecast of £99.8m to closing balance of £61.3m, a net decrease in year of £38.5m

 - This position is a result of the £27.2m plan deficit position, £4.0m in repayment of the DHSC loans taken to support the new Heatherwood, and a net cash capital spend in year of £6.7m having taken into consideration PDC funding received. The movement in capital payables and depreciation accounted for in year

Key risks to delivery of financial plan

- The financial plan is based on a LOS of 7.25 and a drop of 45 delayed discharges

- The delivery of changes in outpatients

- The delivery of temporary staffing reductions.

- The delivery of M block to time and scope agreed by Board.

- To mitigate the risks finance committee should receive assurances on the mobilisation plans for productivity related to Beds, electives and outpatients and M Block.

Report Title	Performance Report
Meeting and Date	Public Board of Directors, Friday 3rd May 2024
Agenda Item	11.
Author and Executive Lead	Health Information Services Caroline Hutton, Interim Chief Executive
Executive Summary	The Performance Report provides a summary of the Trust's performance against the national quality indicators. The report highlights: • A strategy scorecard which reports on the key metrics used to measure performance against our strategic ambitions • Enhanced performance reporting using SPC methodology • Exception and benchmarking reports • Use of resources, activity and CQC Insights reports
Action	The Board is asked to **NOTE** the Performance Report and receive assurance on the Trust's performance against the national quality standards.
Compliance	CQC quality standards and NHS performance standards

Performance report

May 2024

Contents

This report includes data over time to allow comparison with historic performance.
The targets, actuals and exception reports relate to the reporting month March 2024 for the financial year 2023/2024
There are missing elements in this report to reflect our externally agreed position that we will not report formally while we
embed the use of our new EPR. A detailed update on reporting is provided to the Board separately.

Trust performance at a glance	
Finance Net / Surplus Deficit Actual £-10.6m Variance £-10.3m	**People** Vacancy rate = 8.5%

Strategy scorecard – key indicators at a glance (SPC Key in Appendix)

Improving Quality for Patients – to be in the top 10 Trusts for Patient Safety and Experience in the next 5 years

Metric	Actual (month)	Plan (month)	Actual (YTD)	Target (Year-end)	Variation	Assurance	Run chart or SPC chart
Patients still receiving IV antibiotics past the point at which they meet switching criteria (%)	18%	≤40%	N/A	≤40%	Insufficient data to create an SPC chart		
Trust and confidence in Doctors (Patient Experience tracker)	91%	94%	90%	≤93%	Insufficient data to create an SPC chart		
Trust and confidence in Nurses (Patient Experience tracker)	90%	94%	93%	≥92%	Insufficient data to create an SPC chart		

Supporting our People - to be in the top 10 best Trusts to work for in the next 5 years

Metric	Actual (month)	Plan (month)	Actual (YTD)	Target (Year-end)	Variation	Assurance	Run chart or SPC chart
Monthly vacancy rate	8.5%	9.0%	10.2%	≤9%	L	?	
Time to hire	53.0	40	60.3	≤40	L	F	
Agency spend (£)	£2.2m	£1.55m	N/A	≤£1.8m (per month)	L	F	
Trust turnover rate	10.6%	12%	11.6%	≤12%	L	F	
Staff recommending FHFT as a place to work (%)* Q4 23-24	62.0%	64%	N/A	≥64%	Insufficient data to create an SPC chart		

* Data collection was suspended during COVID and re-started in Q3 2021-22 with the National Staff Survey followed by quarterly pulse surveys in Q4 2021-22

Strategy scorecard – key indicators at a glance (SPC Key in Appendix)

Collaborating with our Partners – to reduce the need for hospital-based care by working collaboratively with our partners

Metric	Actual (month)	Plan (month)	Actual (YTD)	Target (Year-end)	Variation	Assurance	Run chart or SPC chart
Number of NCTR (monthly average number of MFFD per day)	231.6	191	209.0	≤150*	H	?	
Non-Elective Length of Stay – average acute length of stay (days)	6.14	6.10	6.11	≤6.6	Insufficient data to create an SPC chart		
ED patients admitted/discharged within 4 hours (%)	76.2%	76%	61.6%	≥76%	H	F	

* **NOTE** – there is a stretch target for NTCR (No Criteria to Reside – previous Medically Fit For Discharge) to reach 100 by March 2024

Transforming our Services – to provide consistently excellent care as "One Frimley Health"

Metric	Actual (month)	Plan (month)	Actual (YTD)	Target (Year-end)	Variation	Assurance	Run chart or SPC chart
Number of patients waiting 65 weeks or more for treatment	287	0	N/A	0	L	F	
Theatre utilisation	80.2%	TBC	79.4%	>85%	Insufficient data to create an SPC chart		
Day case rate (%)	89.4%	TBC	87.8%	>85%	H	P	
Outpatient follow-up attendances	55,055	27,343	N/A	27,343	-	F	
Patients on a PIFU pathway	28,410	TBC	N/A	TBC	Insufficient data to create an SPC chart		

Strategy scorecard – key indicators at a glance (SPC Key in Appendix)

Making our Money Work – to be in the top 10 Trusts in the country for efficiency in the next 5 years

Metric	Actual (month)	Plan (month)	Actual (YTD)	Target (Year-end)	Variation	Assurance	SPC chart
Delivery of the 2023-24 Financial Plan	-£10.8m	£0.0m	-£10.8m	£0m	Insufficient data to create an SPC chart		
Achieve Efficiency target	£33.4m	£33.3m	£33.4m	≥£33.3m	Insufficient data to create an SPC chart		

NOTE – no exception report is provided for finance as a more detailed financial report is provided separately to the Board

Advancing our Digital Capability – to be in the top 10 Trusts most digitally advanced Trusts in the country in the next 5 years

Metric	Actual (month)	Plan (month)	Actual (YTD)	Target (Year-end)	Variation	Assurance	SPC chart
Value of financial benefits attributed to Epic (£)	£583,712	£1.534m	£6.8m	≥£17.4m	H	F	

NOTE – further digital metrics to be designed in line with EPIC optimisation planning

No Criteria to Reside – exception report

Executive Lead	Ellis Pullinger
Delivery Lead	Heidi Barber
Period covered	April 2023-March 2024

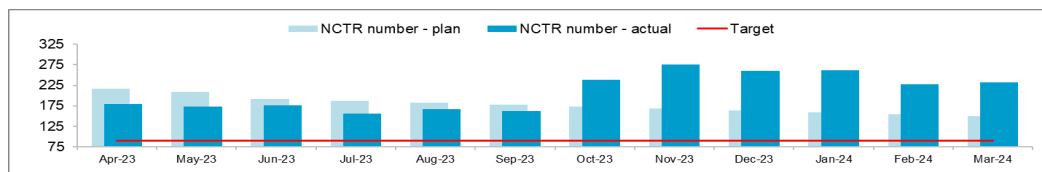|	
Objective	
Target (monthly)	150 (by year end)
Current status	**H** **?** Performance is unusually high, and the variation indicates inconsistently hitting, passing and falling short of target
Delivery status (for period overall)	

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
NCTR number - plan	216	208	191	186	182	177	173	168	164	159	155	150
NCTR number - actual	179.7	173.6	175.4	156.2	166.4	161.8	238.4	275.9	260.3	261.6	226.6	231.6

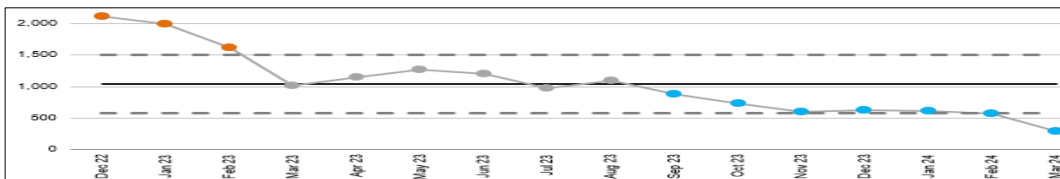**Aim** – to reduce the number of patients who are medically fit but are still in a hospital bed.
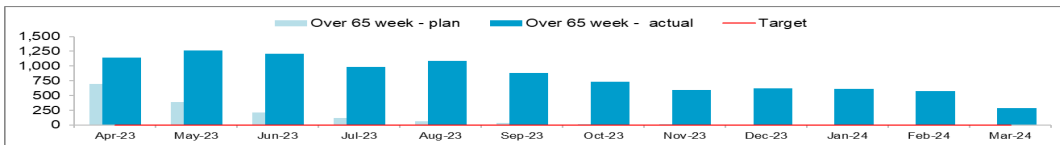**Update for the month**

Achievements	• 23 bed community discharge unit opened on Heathlands site Jan – March 24 – Extended for further two months to be confirmed to support RAAC decant • EDM – EDD guidance updated, roll out plan with coms for key stakeholders – Relaunched with Dr Ho support for EDD's and CTR process • Full ICS support with focusing system partners around MSFD patients and supporting community hospital.- Achieved reduction in MSFD numbers – reduced by 30 – new Bucks programme, initiated focus on Bucks residents with BOB ICB • Long length of stay meetings recommenced. – Diamond Meeting implanted with ICB and system providers for bottlenecks • Power BI system discharge dashboard active – circulation and access increased – continues embedded – recognised by National team exemplar piece of work • CTR compliance reviewed in context of the new discharge dashboard logic – External CTR audit complete waiting finial outcome • Partner KPI/target timeframe schedule populated. With current timeframes – Ongoing piece of works KPIs not yet agreed with P1,2 &3
Challenges	• Regional data sets around discharge causing concern around 'internal' and interface' delays. Issue is how presented and interpreted. Volumes represent high flow through IRIS. Timeframes for pathways 1-3 are healthy as a better representation – Regional & National visits completed – execs provided updates • Housing continues to delay discharge with Slough expressing concern they have run out of council housing accommodation in RBWM - Housing crisis continues • No KPIs yet agreed for services since DTOC has been removed – identified with ADASS & NHSe – ongoing with Frimley ICB discharge sprint work • Waiting confirmation of discharge funding allocation. – Provided to better care funds
Action plan	• 3 times per week huddles with ICB and system partners, LA to agree D2A funding and possible assessments. • IRIS review part of system review – ongoing workstream • Therapy & discharge workforce review internally – workforce challenges – Epic duplicate AHP orders (reducing) • Circulate updated CTR guidance (will also reduce incorrectly labelled therapy delays) • Discharge team workforce review – data analyse with increase NCTR activity • Partner target/KPI heat map development	• Heidi Barber	Ongoing
Risks and mitigation	• Increase in NCTR likely to continue if no resolution sourced; bottleneck in acute & Community setting having impact on UEC performance and Elective care programme due to increased escalating capacity required.

Number of 65 week waits – exception report

Executive Lead	Ellis Pullinger
Delivery Lead	Alex Stamp
Period covered	April 2023-March 2024

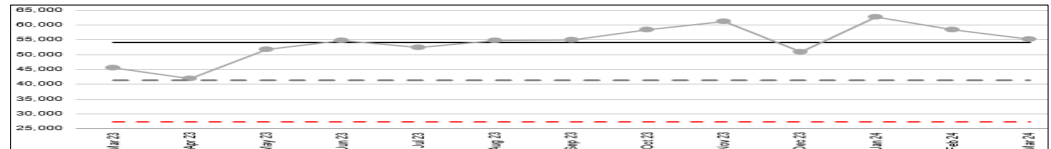|	
Objective	To reduce the number of people waiting over 65 weeks to zero by March 2024
Current status (will be populated by Informatics based on SPC analysis)	**L** **F** Performance is within expected limits, but the target will not be met without a change in process.
Delivery status (for period overall)	

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Over 65 week - plan	695	383	210	116	64	35	19	11	6	3	2	0
Over 65 week - actual	1142	1264	1203	980	1091	877	736	593	619	608	571	287

Aim – To reduce the number of people waiting over 65 weeks to zero by March 2024			
Update for the month			
Achievements	• Continued reduction of patients waiting over 65 weeks for treatment on an RTT pathway. • High level of bookings for long-waiting patients compared to regional peers. • Monitoring of patients set to breach 65-weeks by end of September 2024 as per national target – currently circa 13k.		
Challenges	• Industrial impact and reduction in elective pathways. • Impact of UEC pressures on elective pathways. • Patient choice delays mean patients are opting to delay their treatment past the 65-week threshold.		
Action plan	• Continued monitoring of patients waiting over 65 week who will breach by end of September 2024. • Prioritisation of long-waiting admitted cases. • Now focusing on cohort of patients breaching 65 weeks by end of September – as next target set by NHS England and specialty bookings. • Plan to have all patients requiring an OPA booked by end of July 2024 – set as local target and being monitored by region.	• Alex Stamp • Theatres • Directorates • Directorates	Ongoing Ongoing September 2024 July 2024
Risks and mitigation	• Patient choice will stop patients accepting dates– being monitored by RTT team. • UEC pressures will affect elective capacity – ongoing monitoring via operational huddles. • Industrial action impacts performance – close monitoring and prioritisation of long-waiters		

Outpatient attendances – exception report

Executive Lead	Ellis Pullinger
Delivery Lead	Alex Stamp
Period covered	April 2023-March 2024

Objective	To reduce OP attendances by 25%
Current status (will be populated by Informatics based on SPC analysis)	**- F** Performance is within expected limits, but the target will not be met without a change in process
Delivery status (for period overall)	
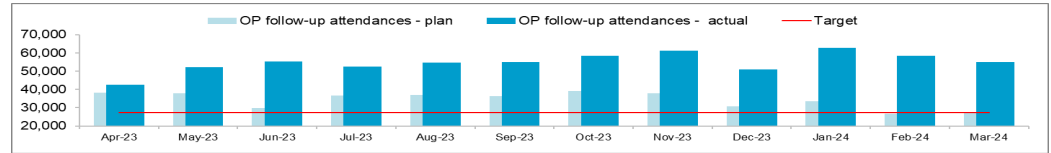
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
OP follow-up attendances - plan	38124	37893	29762	36735	37043	36419	39046	37815	30766	33538	26680	27343
OP follow-up attendances - actual	42618	52195	55212	52401	54808	55058	58329	61290	50976	62735	58425	55055

Aim – To reduce OP attendances by 25%		
Update for the month		
Achievements	*Activity management* • New to Follow Up ratios being monitored at specialty level – Trust currently benchmarking well across almost all specialties. • Focus on template utilisation and capacity management. *Avoidable follow up demand reduction* • Five priority specialties working on use of A&G, earlier discharge, patient initiated follow up (PIFU) and virtual consultations • Restart of reporting to referring clinicians (via PCNs) showing referral variation at practice and specialty level • PIFU performance remains variable in terms of 5% expectation – benchmarking shows further work to go compared to higher performers.		
Challenges	• Follow Up backlog has not been fully visible in EPIC. • Outpatient productivity reporting within EPIC are not yet fully configured. • Clinical engagement in changing follow up practices • Measuring (and tracking) levels of new follow up demand		
Action plan	• Outpatient productivity reporting being developed with Information and EPR team. • Follow Up PTL currently going through validation with the services. • Clinical lead to work with priority specialties on demand reduction activities using GIRFT 'further faster' • Communications campaign on benefits of PIFU	Alex Stamp/David McArdle Clinical Specialties Rekha Sanghavi Karen Hall	May 2024 June 2024 Ongoing Ongoing
Risks and mitigation	• Clinical engagement in avoiding unnecessary follow up demand – mitigated by appointment of clinical lead and oversight at Planned Care Board • Non-RTT follow up backlog now visible and undergoing clinical validation.		

Performance Scorecard – key indicators at a glance (SPC Key in Appendix)

Improving Quality for Patients

Metric	Current month	YTD	Target / concern threshold	Variation	Assurance	Run chart or SPC chart
MRSA~	1	4	0	–		
C-Diff~	4	69	≤4.6 (55 per year)	–		
MSSA~	2	40	TBC+	–		
EColi (February 2023) ~	38.46	TBC	TBC+	–		
Never Events~	0	3	0	–		
Number of Falls	226	2,834	≤200	–	?	
Number of Falls (per 1,000 bed days)	4.86	5.40	TBC+	–		
Number of Falls resulting in serious injury (February 2024)*~	8	38	≤2	L		
Number of Serious Incidents	6	51	≤10	–	?	
Pressure ulcers – hospital acquired (category 2) – February 2024	73	757	N/A	–		
Pressure ulcers – hospital acquired (category 3) – February 2024	1	21	TBC	–		
Pressure ulcers – hospital acquired (category 4) – February 2024	1	4	0	–		
Pressure ulcer rate – (per 1,000 bed days; category 2,3 and 4) – February 2024	1.73	1.63	TBC+	–		

* - data is one month in arrears; ~ - numbers are too low to calculate valid SPC assurance; + = target to be reviewed now national data is available / data is flowing from Epic
Please note – MSA data has not been validated so may be subject to change

Performance Scorecard – key indicators at a glance (SPC Key in Appendix)

Improving Quality for Patients

Metric	Current month	YTD	Target / concern threshold	Variation	Assurance	SPC chart
Maternity – Number of Serious Incidents~+	0	11	≤3	-		
Maternity – Midwife to birth ratio	1.24	1.25	≤1.25	L	?	
Maternity – Number of complaints received	4	50	TBC	-		
Sepsis screening			≥90%			Subject to the successful rollout of the working Sepsis tool in July 2023
Sepsis – antibiotics within one hour where clinically required			≥90%			Subject to the successful rollout of the working Sepsis tool in July 2023
Mixed Sex Accommodation Breaches	33	750	0	-	?	
Patient FFT	91%	95.5%	≥95%	L	?	
Complaint response time (40 day) – January 2024	66.7%	53.8%	>=85%	-	?	
Complaint response time (60 day) – December 2023	67.4%	45.9%	>=85%	-	?	
Calls answered within 2 minutes by call centre**	89%	N/A	≥80%	H	F	
Average time taken to answer calls**	0m42s	N/A	≤2m0s	L	?	
Call abandonment rate**	4%	N/A	≤8%	L	F	

~ - numbers are too low to calculate valid SPC assurance; + HSIB cases have been included as a Maternity SI since April 2021

** – call centre data from September 2022 has been updated to include all call centres, not just Albany Park.

Performance Scorecard – key indicators at a glance (SPC Key in Appendix)

Supporting our People						
Metric	Current month	YTD	Target / concern threshold	Variation	Assurance	SPC chart
Sickness rate (monthly)	2.8%	3.2%	≤2.9%	-	?	
Sickness rate (rolling 12 month)	3.2%	3.4%	≤2.9%	L	F	
Appraisal rate %	80%	75%	≥80%	H	F	
MAST training %	91%	88%	≥85%	H	P	

Performance Scorecard – key indicators at a glance (SPC Key in Appendix)

Collaborating with our Partners

Metric	Current month	YTD	Target / concern threshold	Variation	Assurance	SPC chart
Community services – 2-hour response	73.1%	81.7%	≥75%	-	?	
Community services – caseload discharges	1,443	15,753	TBC	-		
Community services – emergency readmissions within 30 days following discharge from a community ward (February 2024)	36	337	TBC			
Ambulance handovers – % within 15 minutes	72.9%	72.7%	≥65%	-	?	
Ambulance handovers – % within 30 minutes	93.9%	94.7%	≥95%	-	?	
Ambulance handovers – number over 60 minutes	48	310	0	-	?	
Category 1 mean response time (SCAS)*	8m38s	N/A	TBC	L		
Category 1 mean response time (SECAMB)*	8m23s	N/A	TBC	L		
Category 2 mean response time (SCAS)*	31m49s	N/A	TBC	-		
Category 2 mean response time (SECAMB)*	26m20s	N/A	TBC	L		

NOTE: Ambulance handover data is locally produced / validated so may differ from that which is nationally available and submitted by the ambulance services

* - data relates to the performance of the ambulance trusts as a whole; it is not possible to disaggregate the performance for FHFT hospitals specifically

Performance Scorecard – key indicators at a glance (SPC Key in Appendix)

Transforming our Services

Metric	Current month	YTD	Target / concern threshold	Variation	Assurance	SPC chart
Cancer – Urgent Cancer PTL (proportion of waiting list past 62 days)	6.0%	N/A	≤6.4%	Insufficient data to create an SPC chart		
Cancer – 28-day faster diagnosis (%) – February 2024+	84.8%	N/A	≥75%	H	?	
Diagnostics (% waiting 6 weeks or more)	18.3%	N/A	≤1.0%	L	F	
Stroke – percentage admitted within 4 hours	63.5%	59.2%	≥80%	-	F	
Number of patients waiting 52 weeks or more for treatment	4.354	N/A	≤807	L	F	
RTT waiting list size (PTL)	82,078	N/A	No target	H		
OPD cancellation rate (hospital initiated)	2.2%	2.2%		L		
OPD cancellation rate (patient initiated)	1.6%	1.9%		L		
On day cancelled operations (non-clinical) (% of electives)						The date for this metric is dependent on Epic cancellation workflow being in place
Cancelled patients admitted within 28 days (%)						Subject to an operational workflow and Epic EPR build
Outpatient DNA rate (%)	8.8%	8.6%	<5%	-	F	
Outpatient consultant-led new to follow-up ratio	1.36	1.25		H		

* Data reported from Somerset
+ - data one month in arrears

Performance Scorecard – key indicators at a glance (SPC Key in Appendix)

Transforming our Services

Metric	Current month	YTD	Target / concern threshold	Variation	Assurance	SPC chart
Inpatient bed days used by children with mental health problems (where no acute paediatric care is provided)	108	N/A	TBC	-		
Number of children on priority 2 and 3 lists awaiting surgery	417	N/A	212	H	F	

Making our Money Work

Metric	Current month	YTD	Target / concern threshold	Variation	Assurance	SPC chart
Charitable funds received	£83K	£2.3m	TBC	-		
Charitable funds spent	£114K	£2.7m	TBC	-		

* An exception report has not been produced for Charitable Funds as more detailed financial commentary is available elsewhere in the Board papers

Advancing our Digital Capability

Metric	Current month	YTD	Target / concern threshold	Variation	Assurance	SPC chart
Outpatient attendances with no procedure seen virtually	28%	26.7%	>25%	H		

Serious Incidents – as at end March 2024

Total number of incidents (including no harm events) reported by month April 2020 to Janruary 2024
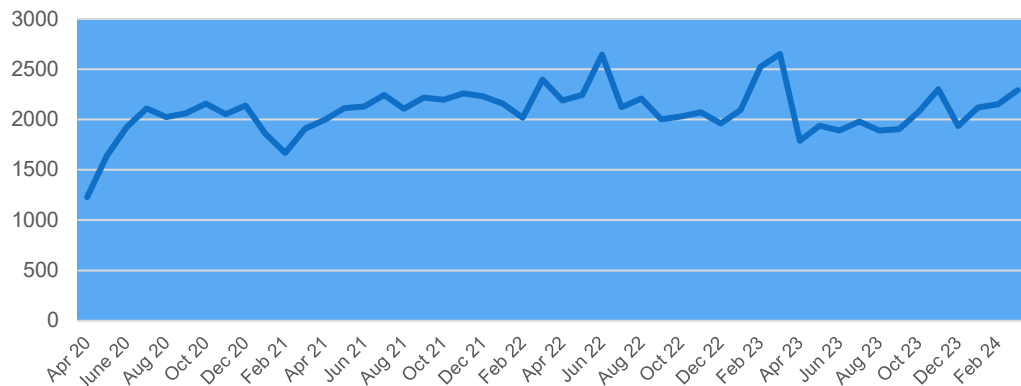
Month	Total Incidents Reported	Number of SI's
February 2024	2151	5
March 2024	2293	6

SI Categories for February 2024 (5)

- 2 Diagnostic Incident Meeting SI Criteria
- 2 Medication Incident Meeting SI Criteria (1x Never Event)
- 1 Treatment Delay Meeting SI Criteria

SI Categories for March 2024 (6)

- 2 Surgical Invasive Procedure Incident Meeting SI Criteria
- 1 Treatment Delay Meeting SI Criteria
- 1 Pressure Injury Meeting SI Criteria
- 1 Fall Meeting SI Criteria
- 1 Diagnostic Incident Meeting SI Criteria

Monthly number of Serious Incidents- starting 01/04/18

- Inphase – Incident Reporting Module will go Live on 22nd April 2024 after a successful soft go live with all other risk management modules in January.

- Patient Safety Incident Response Framework final sign off by the ICB on the 25th April with a full implementation launch across the Trust in Q1.
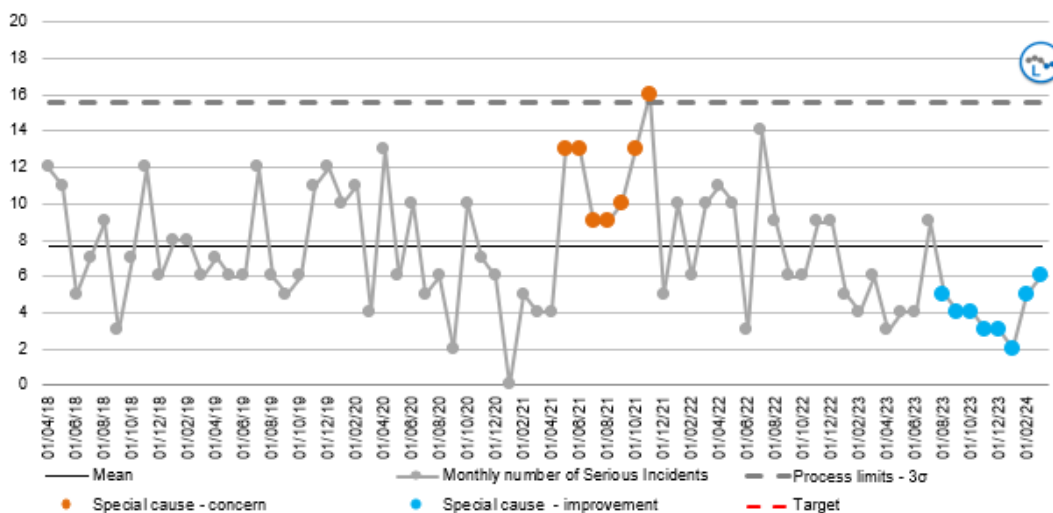
Maternity Services – Key Information (as of March 2024)

	Marcb-24	YTD
Maternity SI	0	11
HSIB	0	9
RCA	0	12
Training compliance	89%	89%
Midwifery 1:1 care in Labour	100%	100%
Obstetric Weekly cover	164	164
Formal complaints (October)	3	44
HSIB/NHSR/CQC concern or Board request for action	CQC action plan	
Coroner Reg 28 made to trust	0	0

CQC Must-Do Actions:

- We've completed 3 out of 4 mandatory actions required by the Care Quality Commission (CQC).
- The remaining action, ensuring all medical staff complete mandatory training, is at 79% completion (target: 85%).
- The Chief of Service is addressing this with staff who haven't completed their training, and completion dates are planned.
- Monthly attendance reviews are ongoing.

CNST Safety Actions:

- The Trust has submitted compliance for the year 5 CNST self-assessment.
- Year 6 Safety Actions are published and already distributed to all designated "Safety Action Leads."

Serious Incidents Summary Report (Q4)

Encouraging Trend: Fewer Serious Incidents
- Maternity services reported a positive trend in Q4 with a significant decrease in Serious Incidents (SIs) compared to Q3. Only 2 SIs were identified in Q4, compared to 4 in the previous quarter. Both incidents occurred at the Wexham site. Frimley reported no SIs during this period.

Ongoing MNSI Investigation: **Fetal Distress Case (15th of Jan 2024)**
- While the baby required cooling after delivery, a delay of 35 minutes between the initial distress and delivery is being investigated.

Serious Incident: **Maternity Death Review (18th of Jan 2024)**
- This case involved a mother with a history of eating disorder and mental health concerns. While the initial C-section was uneventful, the mother's condition deteriorated on day one postpartum. Despite interventions, including ITU admission and further transfer to Royal Brompton, she sadly passed away on day 47.

Learning Point:
- A review of this case highlighted the importance of consistent weight monitoring throughout pregnancy, especially for mothers with eating disorders. Collaboration with Berkshire Community Mental Health Services will be strengthened to ensure comprehensive care for high-risk pregnancies.

| Improving Quality for Patients | Supporting our People | Collaborating with our Partners | Transforming our Services | Making our Money Work | Advancing our Digital Capability |

Mortality report

	20/21	21/22	Mar-23	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar-24	YTD
Number of inpatient deaths	3172	2714	266	240	235	203	201	203	209	225	221	216	305	238	246	2742
Total deaths screened (including < 30 days post-discharge)	4105	3489	376	365	360	299	301	315	317	329	338	350	441	356	394	4165
Cases sent for review	316	303	24	13	22	21	44	33	38	47	44	40	40	41	55	438
Total number of deaths judged > 50% likely to be due to problems with care	9	4	0	0	0	1	0	0	1	0	1	0	1	0	0	4
Number of deaths of patients with a Learning Disability	27	18	4	3	3	1	1	2	5	5	3	3	5	4	4	39
Total number of deaths of patients with LD judged > 50% likely to be due to problems with care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

+The number of completed reviews updates monthly and may increase as there is a 12-week review time

In Hospital Monthly Mortality
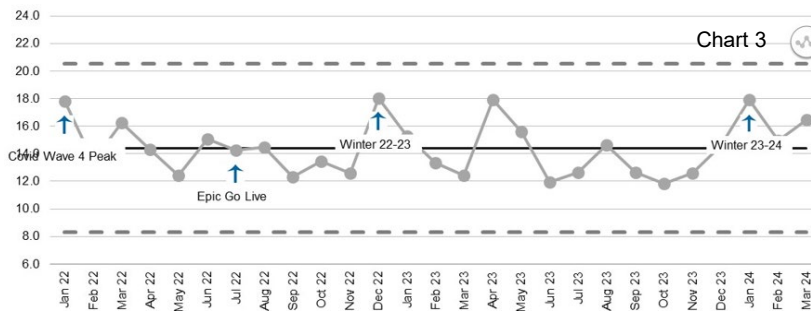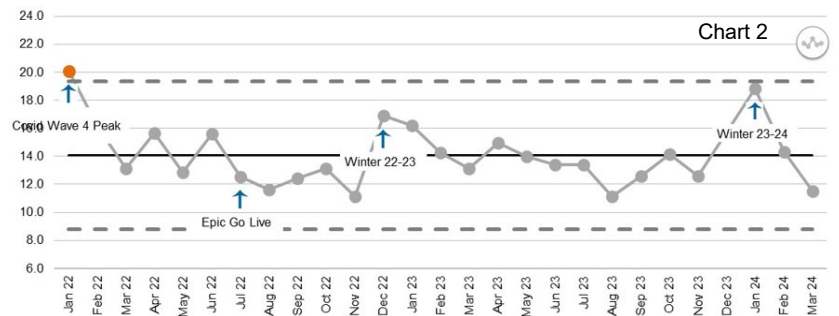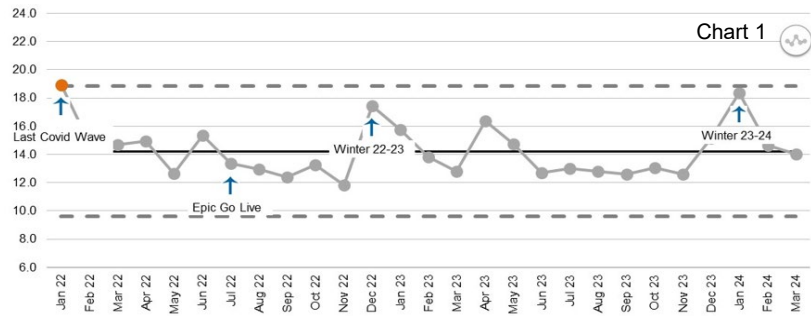

Chart 1 – Frimley Health In Hospital Mortality rate

Chart 2 – Frimley Park In Hospital Mortality rate

Chart 3 – Heatherwood and Wexham Park In Hospital Mortality rate

Note: These figures do not include deaths < 30 days after discharge

Legend: Mean | Rate per 1000 discharges | Process limits – 3σ | Special cause - concern | Special cause - improvement | Target | special cause neither

Falls – exception report

Executive Lead	Melanie Van Limborgh
Delivery Lead	Tracey Coulson
Period covered	April 2023-March 2024

Objective	
Target (monthly)	200
Current status	- ?
Delivery status (for period overall)	
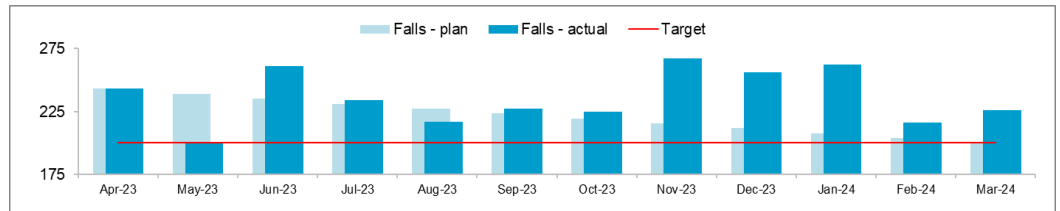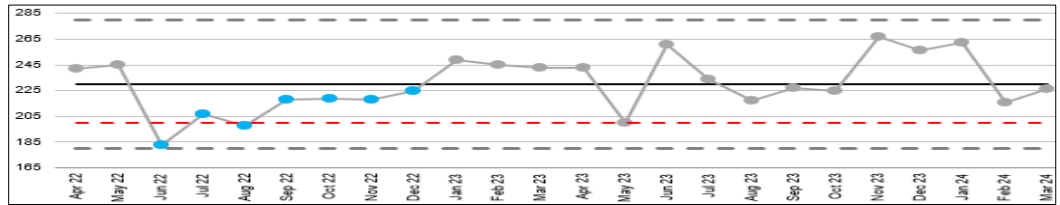
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Falls - plan	243	239	235	231	227	223	220	216	212	208	204	200
Falls - actual	243	200	261	234	217	227	225	267	256	262	216	226

Aim – To reduce the number of falls by March 2025	

Update for the month

Achievements	• Optimisation of EPIC for Falls Risk assessment, prevention measures and documentation of post fall actions completed • Falls policy reviewed and published in line with current practice and EPIC Optimisation • Patient Fall SWARM process continues with clinical teams to identify any new learning, improvement and escalation for patient safety review • Falls data reviewed by Heads of Nursing to identify any trends • Significant reduction in falls with significant injury between July 2023 to December 2023 (9) compared to December 2022 to June 2023 (33)
Challenges	• Sustainability of huddles when staff are operationally challenged • Reduced capacity of patient safety team to support falls improvement workstream due to implementation of InPhase and PSIRF • SWARMs identifying increased number of patients in clinical areas with a high risk of falls
Action plan	• Further analysis of Falls data to identify any new themes and trends • Identify a Trust wide Lead for the Falls Improvement Workstream and commence a task and finish group	• Head of Patient Safety – Tracey Coulson • Melanie van Limborgh – Chief Nurse	31st June 2024 30th April 2024
Risks and mitigation	• Heads of Nursing to continue to monitor falls within their clinical areas and support safety huddles for managing patients at high risk		

Friends and Family Test score – exception report

Executive Lead	Melanie Van Limborgh
Delivery Lead	Maxine McVey
Period covered	April 2023-March 2024

Objective	To support the target of moving the Trust's position into the Top 10 in the national rankings
Target (monthly)	
Current status	**L** ? — Scores are significantly lower than would be expected from past performance
Delivery status (for period overall)	

ED FFT Response Volumes as a % of all FFT Responses
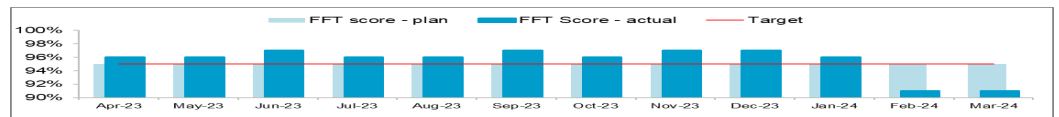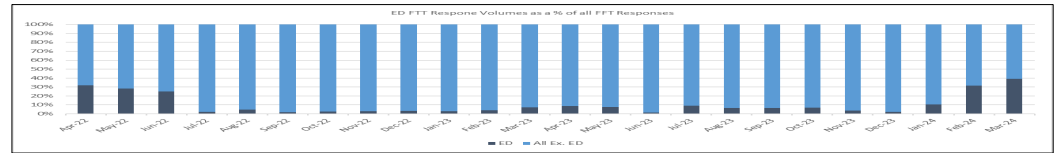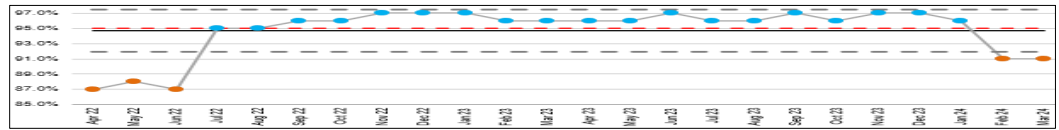
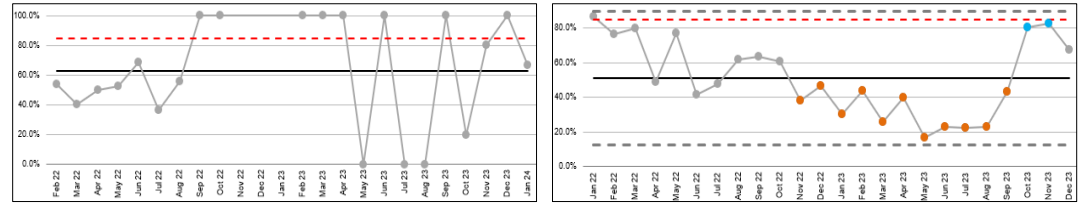|	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
FFT score - plan	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
FFT Score - actual	96%	96%	97%	96%	96%	97%	96%	97%	97%	96%	91%	91%

Aim - Patient Friends and Family score will return to target
Update for the month – The decline in FFT scores overall coincides with reinstating FFT delivery via SMS in our Emergency Departments. ED is consistently an outlier in FFT scores, and this is the case nationally, with monthly scores being around only 70-80% positive. Delivering FFT via SMS has increased the ED response rate by around 700% (from 300 responses per month to 2500). Therefore, these lower scores have a more significant impact on the overall scores. The ED responses for Feb/ March 24 make up a third of the trust's total response numbers. If ED responses are removed, the overall score is 97% for February and 95% for March, unchanged from the scores over the last year. The top chart demonstrates that overall scores were much lower before EPIC went live and FFT via SMS was first introduced, further demonstrating this issue.

Achievements	• Reinstating FFT via SMS for ED in Feb 2024 – resulting in a huge increase in response rate and a wealth of patient feedback • ED FFT scores are on a positive trend line. Scores for Q1 2023 averaged at 70%, for Q1 2024 they are now at 80%.		
Challenges	• Impact of increased ED response rate on trusts overall score • Ongoing operational pressures in ED – high attendances and capacity issues		
Action plan	ED action plan in place to continue improvements – this incorporates actions from the FFT as well as the Urgent and Emergency Care Survey. Action plan includes reducing waiting times and providing alternative options for patients including emergency clinics, GP service and SDEC facilities. Communicating with patients throughout their wait has been a focus for improvement as well as improving the environment (seating, cleanliness, heating) and access to food and drink. This action plan is monitored through Patient Experience Forum. *Mega March* initiative – working with partners to relieve pressure in the acute hospitals. Ongoing efforts to achieve target for patients being admitted, discharged or transferred from ED within 4 hours – target achieved in March 24. Upgrades to Epic EPR urgent care processes in both of our ED's. Increased clinical decision-making capacity within ED's.	Head of Nursing Angela Ballard Chief of Service Ed Behn	Ongoing
Risks and mitigation	• Local reporting to separate out ED scores to allow closer data analysis of the data set which is negatively impacting the trusts overall scores. • Further roll-out of FFT via SMS being explored to achieve higher response rates in other areas so that the overall score is more representative of people's experience throughout all our services.		

Complaints 40- and 60-day – exception report

Executive Lead	Melanie Van Limborgh
Delivery Lead	Maxine McVey
Period covered	April 2023-March 2024

Objective	To achieve the required response rate by March 2024
Target (monthly)	85%
Current status	- ?
Delivery status (for period overall)	
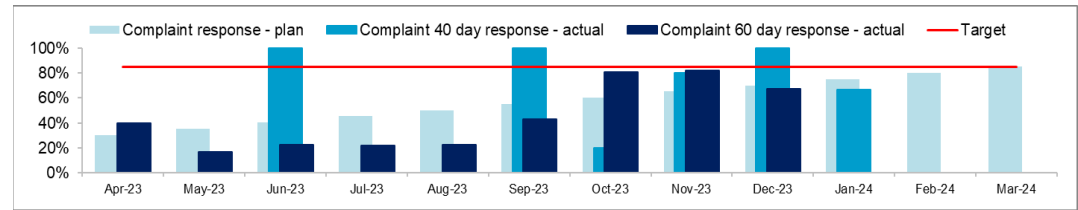
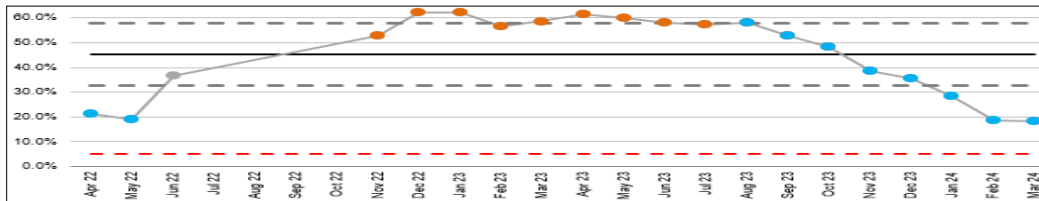|	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Complaint response - plan	30.5%	35.4%	40.4%	45.3%	50.3%	55.3%	60.2%	65.2%	70.1%	75.1%	80.0%	85.0%
Complaint 40 day response - actual	0.0%	N/A	100.0%	0.0%	N/A	100.0%	20.0%	80.0%	100.0%	66.7%	in arrears	in arrears
Complaint 60 day response - actual	40.0%	16.7%	22.9%	22.2%	22.9%	42.9%	80.5%	82.3%	67.4%	in arrears	in arrears	in arrears

Aim - To meet our agreed response times for formal complaints (60 or 40 working days) in a minimum of 85% of cases by the end of March 2024
Update for the month:

Achievements	• Performance variable month on month but improving - at highest level for 2 years. Only 13 complaints from 2023 remain open (oldest Sept 2023). • Phased return to 40 working day complaint timescale for less complex complaints – very small numbers for this reporting period, so less significant. • Significant reduction of current overdue complaints. April 2024, 29 (15%) overdue compared to 43% (90) same time last year. • Continued low PHSO negative outcomes (4 in total upheld/partially upheld in 2023/24). • Stabilisation of complaints team - now fully staffed for first time in over a year (albeit 4 out of 7 staff team new in post and requiring supervision). • Excellent engagement with Head of Nursing sign-off helping to improve completeness, quality and oversight of complaints ahead of Exec signing. • Increased adherence to new escalations process for complaints taking a long time to investigate. • Improved team motivation and morale.
Challenges	• Increase in more complex complaints, requiring significant investigation • Drafting resource - new starters learning, but drafting can be complex and experience in the team limited to a small number • Some Directorates still finding it challenging to respond within required timeframes due to operational pressures • Pressure on small number of Executive deputies to sign off final complaint responses within short turn-around times • Complaints/ PALS early adopter of trusts new risk management system InPhase in January 2024. Issues with reporting, limiting data being produced to the organisation currently – ongoing optimisation in progress.
Action plan	• Develop InPhase complaints reporting/trackers for Directorates with InPhase Team. • Continued training and support for new complaints staff (team away day planned for July 2024). • Weekly review and escalation of oldest/near breach complaints with Head of Patient Experience • Partnership work - continuation and development of key Directorate complaint meetings	• Head of Patient Experience, Trust Complaints Lead and Deputies	• End of May 24 for InPhase • All other actions ongoing
Risks and mitigation	• Failure to meet target response deadlines risks Trust reputation and patient experience. Actions already in place and ongoing with continual monitoring		

Diagnostics – exception report

Executive Lead	Ellis Pullinger
Delivery Lead	Alex Stamp
Period covered	April 2023-March 2024

Objective	Less than 1% of patients will wait 6 weeks for a diagnostic investigation
Target (monthly)	<=1.0%
Current status	L F — Performance is unusually low, but the target will not be met without a change in process.
Delivery status (for period overall)	
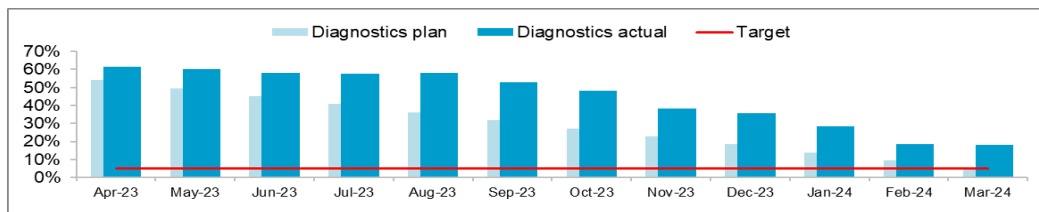
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Diagnostics plan	54.1%	49.7%	45.2%	40.7%	36.3%	31.8%	27.3%	22.9%	18.4%	13.9%	9.5%	5.0%
Diagnostics actual	61.5%	60.0%	58.1%	57.4%	58.0%	52.9%	48.3%	38.5%	35.6%	28.5%	18.8%	18.3%

Aim - To reduce the percentage of people waiting longer than 6 weeks for a diagnostic investigation to less than 5% by March 2024

Update for the month

Achievements	• Diagnostic PTL is now at pre-EPIC levels and has continued to reduce further through March 2024. • CDC capacity has increased diagnostic activity being carried out for US, CT and Endoscopy. • Overall performance has progressed significantly compared to regional peers – notably in Endoscopy, while CT and NOUS are now rapidly improving.		
Challenges	• Sleep Studies capacity remains a challenge around staffing and equipment and is currently worst performing diagnostic modality – however recovery plan is underway. • Echocardiogram performance has declined with further workforce challenges.		
Action plan	• Complete further radiographer/sonographer recruitment to ensure backlog recovery is sustainable • Ongoing recruitment for Echocardiogram cover. • Ongoing push to increase sleep kits to cover backlog.	Bridget Manock Suzanne Jordan Suzanne Jordan	Ongoing Ongoing Ongoing
Risks and mitigation	• Radiographer vacancies mitigated though overseas recruitment. • Costs of NOUS and Sleep Studies present financial risk to Trust given requirements to increase capacity over and above budget. • Endoscopy capacity limited due to capital works for JAG compliance – likely to resolve by end of 2024 and no concerns around deterioration in performance.		

Stroke Unit – 4hr direct admission – exception report

Executive Lead	Ellis Pullinger
Delivery Lead	Alisa Hutchings/Tammy Erod
Period covered	April 2023-March 2024

Objective	People with suspected acute stroke should be admitted directly to a hyper acute stroke unit (HASU) within 4 hours
Target (monthly)	>=80%
Current status	**- F** Performance is within expected limits, but the target will not be met without a change in process
Delivery status (for period overall)	Below target

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Stroke 4 hr Plan %	46.2%	49.3%	52.3%	55.4%	58.5%	61.6%	64.6%	67.7%	70.8%	73.9%	76.9%	80.0%
Stroke 4 hr Actual %	70.1%	53.3%	61.1%	64.8%	58.5%	65.7%	57.1%	61.8%	65.0%	45.2%	40.0%	63.5%
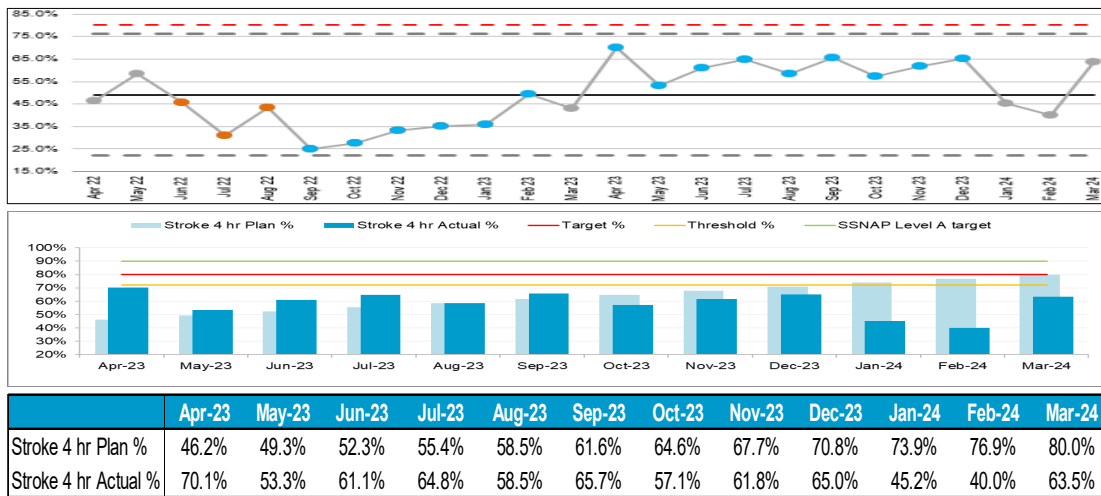
Aim: To return stroke performance to >80% people being admitted to HASU within 4 hours by June 2024

Update for the month

Achievements	Paramedic telemedicine triage project now progressed to video only and has enhanced patient assessment which has resulted in improved door to needle (DTN) times for thrombolysis now averaging now less than 20 minutes with some patients acheiving as little as 11 minutes.
Challenges	1. Medical Staffing continues to be understaffed with gaps in on-call and thrombolysis cover. Ongoing challenges in recruitment of substantive & locum consultants 2. 4hr Admissions to ward under pressure due continued lack of ringfenced and the ongoing fill with general medical patients despite new strokes continually arriving, resulting in extensive Stroke outliers with limited team capacity for review, causing increased length of stay (this includes medical and therapy teams). 3. Stroke Data Reporting/SSNAP. Good progress is being made with user-defined therapy data flowsheets for internal reporting and national (SSNAP) dataset. July 2024 sees an updated SSNAP dataset going live with many challenges ahead to ensure new datapoints are built into EPIC and MDT focus groups in place to address these changes. 4. 7-day cardiac monitor patient delays—currently waiting 9 months to receive appointment and review of stroke aetiology
Action plan	1. Ongoing advert for recruitment for substantive Stroke consultant, x2 middle grades appointed and awaiting VISAs James HB/SJ Ongoing 2. Actions resulting from recent 5/2/24 stroke flow meeting being undertaking as required, further meeting planned for May. Suzanne Jordan April 2024 3. Establish routine, internal reporting schedules to ensure timely data receipt/entry to SSNAP. Working groups set up (ED and Therapies MDT) and continuing to meet and move changes forward. Next meeting 16/5/24 Jo Groshman/ H. Witney/TE In progress 4. Plan for implementation of ZioPatches pilot for May 2024, awaiting EPIC order sheets design James/Ailsa In progress
Risks and mitigation	Bed capacity remains the primary risk across the site, combined with inpatient capacity pressures in RSCH for stroke patients affecting repatriations.

Outpatient DNAs – exception report

Executive Lead	Ellis Pullinger
Delivery Lead	Alex Stamp
Period covered	April 2023-March 2024

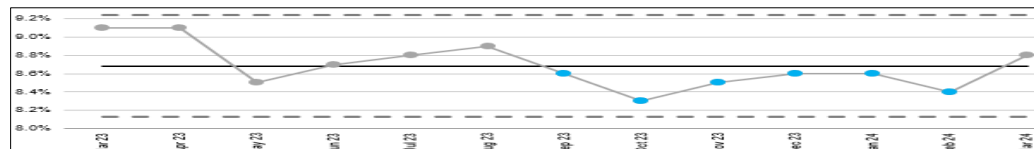| Objective	To reduce OP DNAs to 5.0%
Current status (will be populated by Informatics based on SPC analysis)	- **F** Performance is within expected limits, but the target will not be met without a change in process
Delivery status (for period overall)	
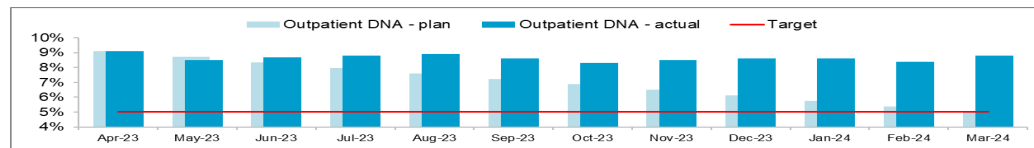
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Outpatient DNA - plan	9.1%	8.7%	8.4%	8.0%	7.6%	7.2%	6.9%	6.5%	6.1%	5.7%	5.4%	5.0%
Outpatient DNA - actual	9.1%	8.5%	8.7%	8.8%	8.9%	8.6%	8.3%	8.5%	8.6%	8.6%	8.4%	8.8%

Aim – To reduce OP DNAs to 5%		
Update for the month		
Achievements	• Areas of strong performance (below 5% target) include Dermatology, Rheumatology. Breast Surgery and Colorectal – high volume services where impact is significant.	
Challenges	• Overall Trust performance has deteriorated – having steadily improved from Spring '23 levels. • Performance remains challenged in a number of specialties and exceeds target – notable amongst our higher volume Outpatient specialties are Obstetrics (15%), Respiratory Medicine (9%), Physiotherapy (9%), Gynaecology (10%) and Orthopaedics (7%). • Reporting from EPIC remains a challenge – reports are built and available at summary level but detailed reports are not yet available.	
Action plan	• Specialty information to share with Directorates – targeting those with higher DNA rates. • Focus review on administrative processes – to start in May 2024 to review booking processes. • Completion of tender for new patient portal/Hybrid Mail supplier could offer further functionality to improve reduction of DNA rate.	• Directorates • Alex Stamp • Alex Stamp/Digital	April 2024 September 2024 July 2024
Risks and mitigation	• DNA rates pose a potential risk to income and impact on patient pathways could impact performance – monitoring of performance impact on Cancer/RTT is being monitored by Performance teams, income is monitored at specialty level and is being tracked.	

Benchmarking – selected measures

	Local trusts	Best in class	Rank	Quartile
ED FFT			60/122	2nd
Inpatient FFT			48/122	2nd
Maternity FFT			1=/122	1st

*NOTE – for each graph, the position furthest to the left is the best performing trust. **Data periods:** ED FFT, Inpatient FFT, Maternity FFT = February 2024. Maternity Best in Class is truncated alphabetically as there are more than ten trusts who are performing at 100%. Best in class peer group has been expanded to include both Acute and Acute & Community trusts*

Benchmarking – selected measures

	Local trusts	Best in class	Rank	Quartile
RTT – Total incompletes			97/122	4th
RTT – 52 plus weeks (% of total incompletes)			96/123	4th
Diagnostics			68/122	3rd

Please note: RTT and Diagnostics data is currently undergoing validation
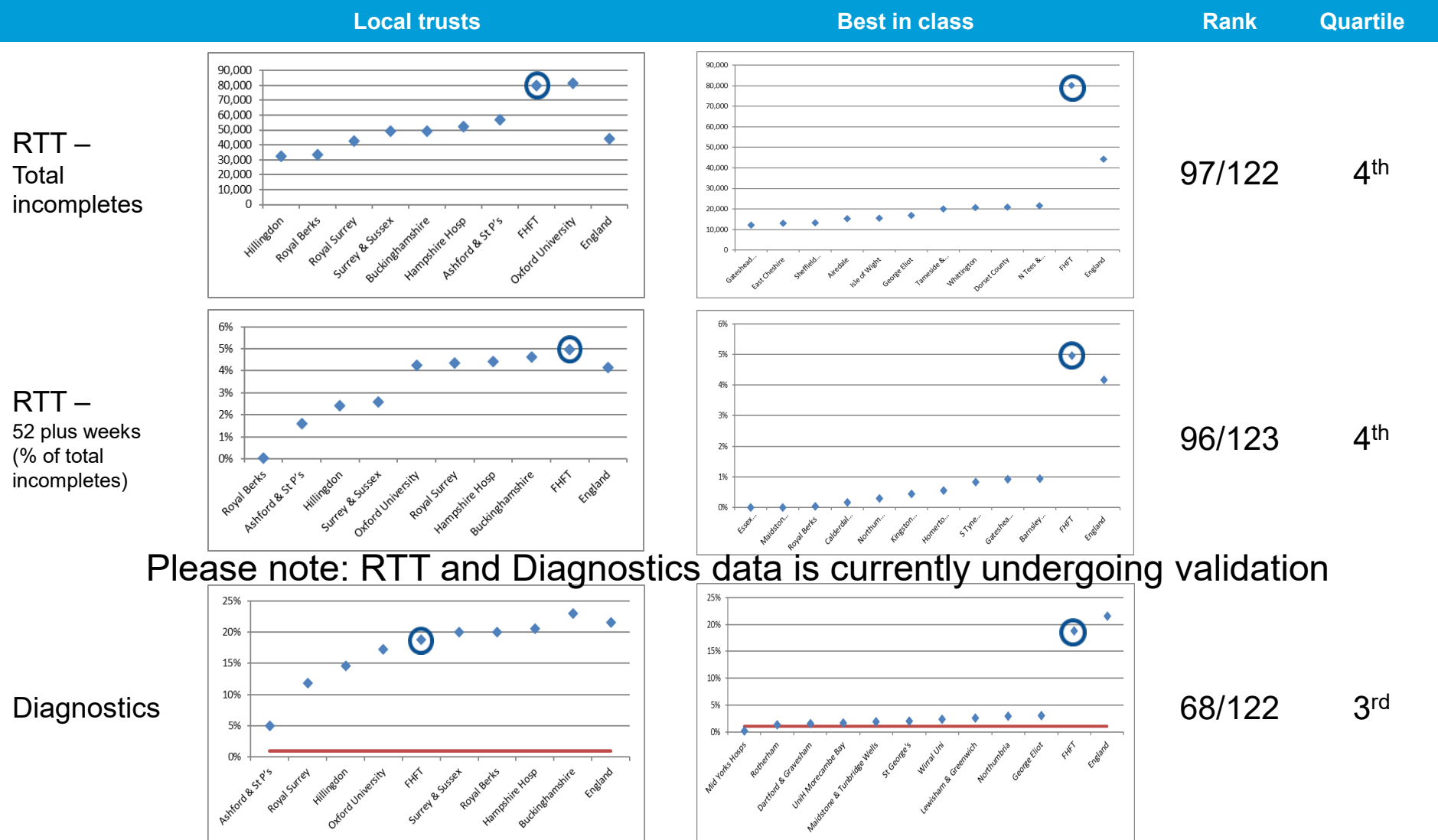
*NOTE – for each graph, the position furthest to the left is the best performing trust and ▬ is the target. **Data periods:** RTT and Diagnostics = February 2024*
Best in class peer group has been expanded to include both Acute and Acute & Community trusts so the cohort now includes up to 125 trusts.

Benchmarking – selected measures

	Local trusts	Best in class	Rank	Quartile

Cancer – Urgent PTL (proportion waiting over 62 days)

Rank: 37/120 Quartile: 2nd

Cancer – 28-day faster diagnosis

Rank: 54/121 Quartile: 2nd

*NOTE – for each graph, the position furthest to the left is the best performing trust. **Data periods:** Cancer 28-day FDS = September 2023 Urgent Cancer PTL – proportion waiting over 62 days – position week ending 03 March 2024. Best in class peer group has been expanded to include both Acute and Acute & Community trusts so the cohort now includes up to 125 trusts.*

Benchmarking – FHFT historic monthly performance (selected measures)

- 🔵 Quartile 1
- 🟢 Quartile 2
- 🟡 Quartile 3
- 🔴 Quartile 4

ED FFT

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
88	120	No data	108	104	119	112	101	116	117	60	18	28	13	10	6	14	60

Inpatient FFT

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
37	19	43	29	30	21	26	27	36	34	21	34	20	25	19	20	37	48

Maternity FFT

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
No data	1=	No data	1=	1=	1=	1=	1=	98	No data	1=	1=	1=	1=	1=	No data	1=	1=

NOTE – for each chart, FHFT's rank compared to other acute trusts is shown in the relevant column.
From March 2022 the cohort was expanded to include both acute and acute and community trusts, so the cohort now includes up to 125 trusts.

Benchmarking – FHFT historic monthly performance (selected measures)

- 🔵 Quartile 1
- 🟢 Quartile 2
- 🟡 Quartile 3
- 🔴 Quartile 4

RTT PTL

Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
108	108	110	109	104	105	104	101	100	98	100	99	97	98	97

RTT > 52 week (% of PTL)

Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
79	88	101	102	102	104	85	80	76	68	72	77	85	93	96

Diagnostics

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
123	122	124	124	124	123	123	123	122	122	119	118	110	99	79	68

From March 2022 the cohort was expanded to include both acute and acute and community trusts, so the cohort now includes up to 125 trusts.

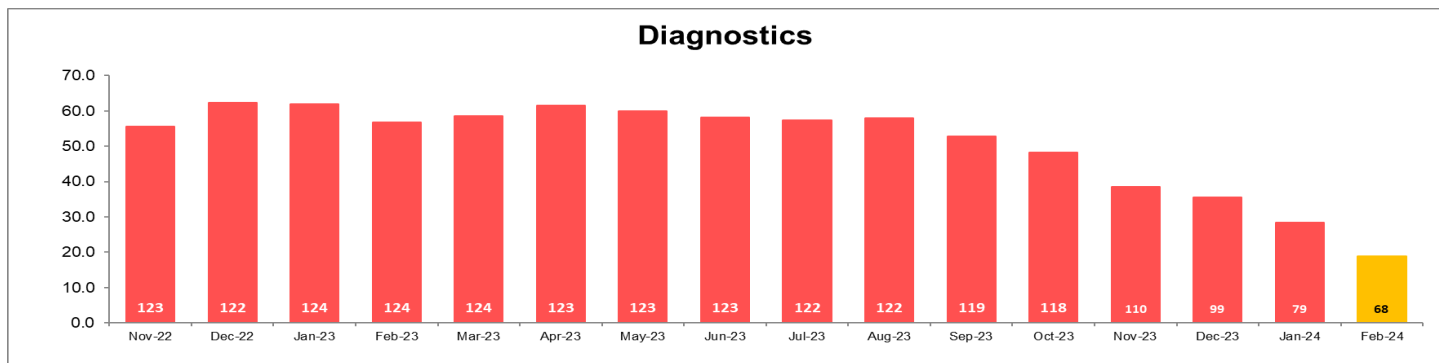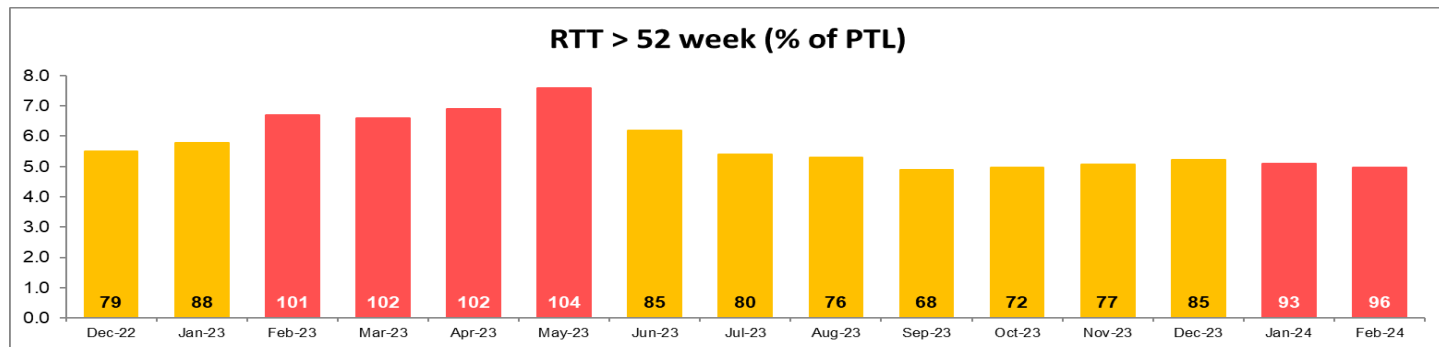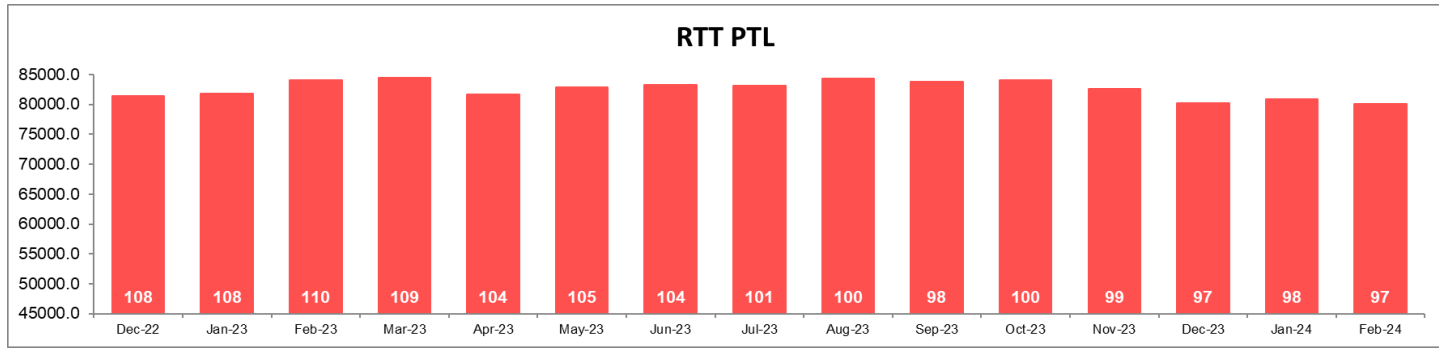# Benchmarking – FHFT historic monthly performance (selected measures)

- ● Quartile 1
- ● Quartile 2
- ● Quartile 3
- ● Quartile 4

Cancer PTL backlog (%)

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
	32	37	44	33	27	34	56	33	52	31	24	24	34	35	28	15	18	37

Cancer - 28-day faster diagnosis (FDS)

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
	56	57	69	90	85	47	50	39	87	101	113	110	116	64	55	51	54	66

NOTE – for each chart, FHFT's rank compared to other acute trusts is shown in the relevant column.
From March 2022 the cohort was expanded to include both acute and acute and community trusts, so the cohort now includes up to 125 trusts.
NOTE: National benchmarking data is not available for Cancer 28-day faster diagnosis for months after September 2023.

Appendix

Activity (FHFT)

	20/21	21/22	Mar-23	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar-24	YTD
GP and general dental practitioner referrals to all outpatients																
NHS Buckinghamshire	9791	12724	3274	2233	2645	2976	2835	2523	2615	2920	3157	2277	3038	2047	1322	30588
NHS Frimley	111200	156043	36151	26746	32940	34086	31297	30701	28078	32793	33281	26762	33776	22090	13789	346339
Other CCGs	10047	12287	2635	1949	2126	2363	2426	2124	2245	2346	2593	1983	2649	1724	1085	25613
Sum:	131038	181054	42060	30928	37711	39425	36558	35348	32938	38059	39031	31022	39463	25861	16196	402540
Outpatient attendances																
New attendances	238248	298963	32219	31211	37343	37103	32883	30975	31479	33161	34424	26807	32707	30355	30669	393630
Follow-up attendances	482939	613301	49938	42016	51180	54405	51973	54647	54992	58258	61228	50898	62654	58395	55055	651042
Total	721187	912264	82157	73227	88523	91508	84856	85622	86471	91419	95652	77705	95361	88750	85724	1044672
Elective admissions																
Daycase	37756	59472	5846	4905	5741	5840	5612	5371	5930	6181	6882	5406	6064	5915	6051	69998
Overnight	8114	11320	1016	803	926	934	828	886	868	843	857	672	760	673	714	9765
Regular day attenders	14763	17393	1652	1347	1606	1516	1369	1520	1366	1274	1096	948	1123	1093	1116	15374
Total	60633	88185	8514	7055	8273	8290	7809	7777	8164	8298	8835	7026	7947	7681	7881	95137
Emergency department (ED) attendances																
Total ED attendances	193470	257335	21624	20092	22165	22071	21976	21041	22000	22533	22490	22122	22521	21753	23455	264219
Non-elective admissions																
Non-elective – Zero LOS admissions	21776	26776	3463	696	776	767	825	978	1093	1117	1040	1125	944	947	1024	11332
Emergency Admissions (excluding Zero LOS)	43922	49269	4033	3752	3930	3999	4080	3901	3975	4125	4049	4090	4193	3888	4050	48032
Other Non-elective admissions	16800	17604	1828	1572	1751	1641	1644	1803	1677	1718	1808	1713	1724	1675	1888	20614
Non-elective admissions (total)	82498	93649	9324	6020	6457	6407	6549	6682	6745	6960	6897	6928	6861	6510	6962	79978
Maternity																
Number of live births	9264	9451	756	724	795	757	734	835	777	787	761	753	771	729	828	9251

Glossary

| Term	Meaning
CIP	Cost Improvement Plan or Programme
FHFT	Frimley Health NHS Foundation Trust
YTD	Year-to-date

Statistical Process Control (SPC)

Statistical Process Control helps to understand what is the norm and what is different. Performance of a KPI is looked at over time and statistical analysis is used to calculate an "upper control limit" and a "lower control limit".

When interpreting SPC charts, there are 4 rules that help identify what the system is doing. If one of the rules has been broken, this means that "special cause" variation is present in the system. It is also perfectly normal for a process to show no signs of special cause. This means that only "common cause" variation is present.

Rule 1 – any single point outside control limits
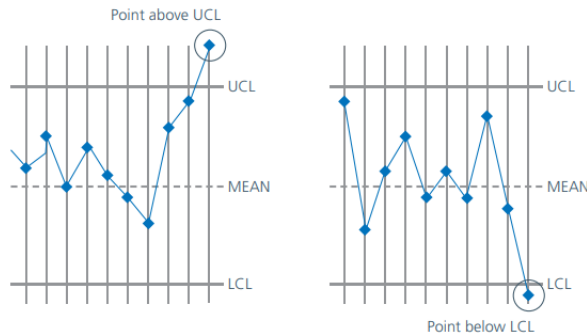
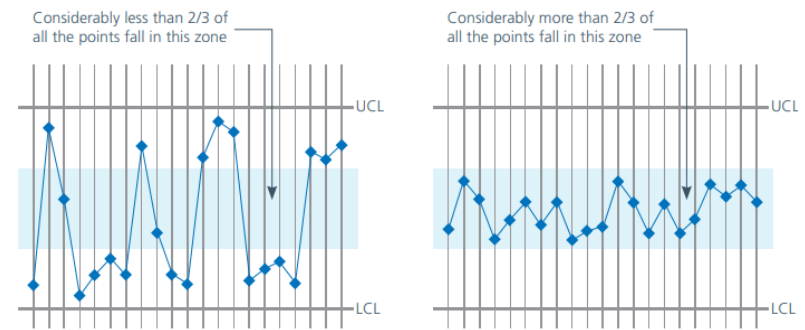### Rule 3 – any unusual pattern or trends within the control limits
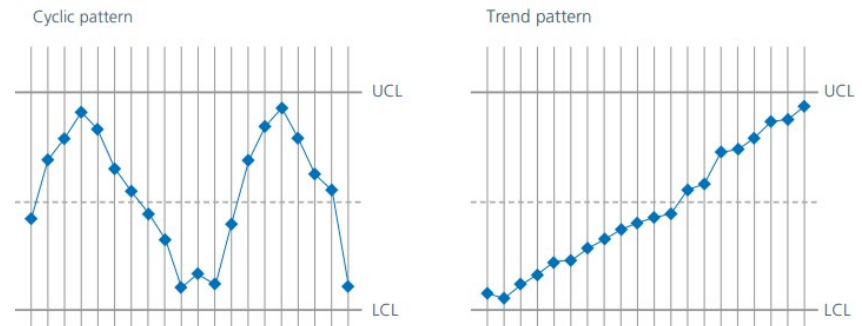
Rule 2 – a run of seven points all above or all below the centre line, or all increasing or decreasing
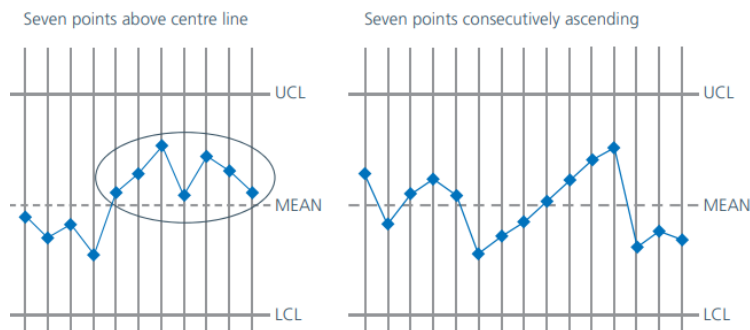
Rule 4 – the number of points within the middle third of the region between the control limits differs markedly from two thirds of the total number of points

Produced with thanks to NHS England and NHS Improvement resources

Statistical Process Control (SPC)

This report uses icons to present the SPC analysis of each metric (where appropriate) and support interpretation of the analysis

Variation			Assurance		
-	**H** **L**	**H** **L**	**?**	**P**	**F**
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Variation icons: Orange indicates concerning **special cause variation** requiring action; blue indicates where improvement appears to lie, and grey indicates no significant change (**common cause variation**)

Assurance icons: Blue indicates that the trust should consistently expect to achieve a target. Orange indicates that the trust should consistently expect to miss a target. A grey icon tells you that sometimes the target will be met and sometimes missed due to random variation

Produced with thanks to NHS England and NHS Improvement resources

Report Title	**2023 Staff Survey Results and Action Plan**
Meeting and Date	Public Board of Directors, Friday 3rd May 2024
Agenda Item	12.
Author and Executive Lead	Matt Joint, Chief People Officer
Executive Summary	The purpose of the attached paper is to provide: 1. headline insights into the 2023 staff survey results. 2. FHFT comparisons between the 2022 and 2023 staff survey results. 3. National benchmark comparisons. 4. Summary of action planning. The Picker 2023 staff survey opened in October and closed at the end of November 2023. These dates sought to avoid the peak of winter pressures. The overall completion percentage increased from 50% to 59%. 6169 staff took part in the survey. FHFT saw a significant improvement across the majority of measures and achieved the 5th best improvement compared to our national benchmark organisations. The actions being taken in response to the survey are summarised.
Action	The Board is asked to **NOTE** the staff survey results and action planning for 2024.
Compliance	NHS People Plan

NHS National Staff Survey

Committed to excellence   **Working together**   **Facing the future**

Would you like to work in an NHS organisation where…

…. the people you work with are understanding and kind to one another (74.5%) and treat each other with respect (75.7%).

Where individual differences are respected (74.8%) and where the people you work with show appreciation to one another (71.6%).

Where you know what your work responsibilities are (88.7%) and you feel trusted to do your job (92.4%).

Where you enjoy working with colleagues in your team (83.6%) and your immediate manager encourages you at work (74.0%).

Benchmarking – FHFT 2022 v FHFT 2023

Committed to excellence   **Working together**   **Facing the future**

Source: Picker Management Reports 2022 and 2023

NHS National Staff Survey 2023 Results
Response Rate 59% (6169)

We are compassionate and inclusive
Organisation:	7.35
ICS:	7.50
Region:	7.37
National:	7.30

We are recognised and rewarded
Organisation:	6.06
ICS:	6.25
Region:	6.08
National:	6.00

We each have a voice that counts
Organisation:	6.82
ICS:	6.98
Region:	6.76
National:	6.72

We are safe and healthy
Organisation:	X.XX
ICS:	X.XX
Region:	X.XX
National:	X.XX

We are always learning
Organisation:	5.87
ICS:	6.06
Region:	5.76
National:	5.64

We work flexibly
Organisation:	6.35
ICS:	6.61
Region:	6.39
National:	6.28

We are a team
Organisation:	6.87
ICS:	7.04
Region:	6.89
National:	6.80

Staff Engagement
Organisation:	7.08
ICS:	7.22
Region:	6.94
National:	6.89

Morale
Organisation:	6.07
ICS:	6.19
Region:	5.99
National:	5.95

For more information on the NHS National Staff Survey and your results please contact:

fhft.nationalstaffsurveys@nhs.net

Committed to excellence · Working together · Facing the future

People Promise

Committed to excellence Working together Facing the future

Source: NHS Staff Survey Dashboard

Benchmarking – Acute and Acute & Community Trusts

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
	40% 39/122	30% 29/122	30% 32/122		20% 20/122	30% 32/122	30% 30/122	20% 20/122	30% 27/122
Your org	7.35	6.06	6.82	-	5.87	6.35	6.87	7.08	6.07
Best result	7.71	6.37	7.16	-	6.07	6.87	7.19	7.32	6.52
Average result	7.24	5.94	6.70	-	5.61	6.20	6.75	6.91	5.91
Worst result	6.85	5.50	6.21	-	5.05	5.60	6.35	6.34	5.54
Responses	6132	6129	6055	-	5603	6070	6122	6144	6142

Committed to excellence   Working together   Facing the future

Source: NHS Staff Survey Benchmark report 2023

Benchmarking – Acute and Acute & Community Trusts

Benchmarking – Acute and Acute & Community Trusts

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 4: We are safe and healthy
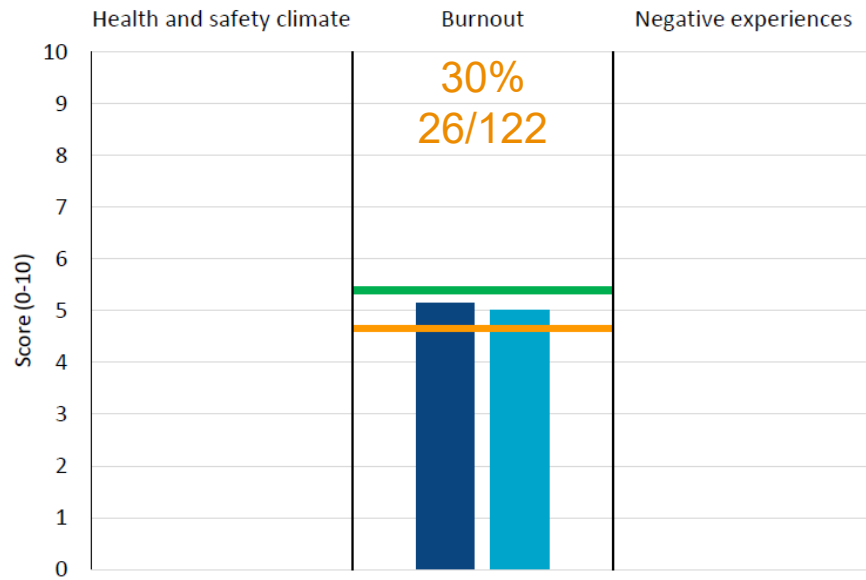
	Health and safety climate	Burnout	Negative experiences
Your org	-	5.13	-
Best result	-	5.39	-
Average result	-	5.00	-
Worst result	-	4.65	-
Responses	-	6134	-

Burnout: 30% 26/122

Promise element 5: We are always learning

	Development	Appraisals
Your org	6.60	5.14
Best result	6.86	5.39
Average result	6.44	4.74
Worst result	6.10	3.99
Responses	6102	5616

Development: 20% 23/122
Appraisals: 20% 18/122

Committed to excellence Working together Facing the future

Source: NHS Staff Survey Benchmark report 2023

Source: NHS Staff Survey Benchmark report 2023

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score.**

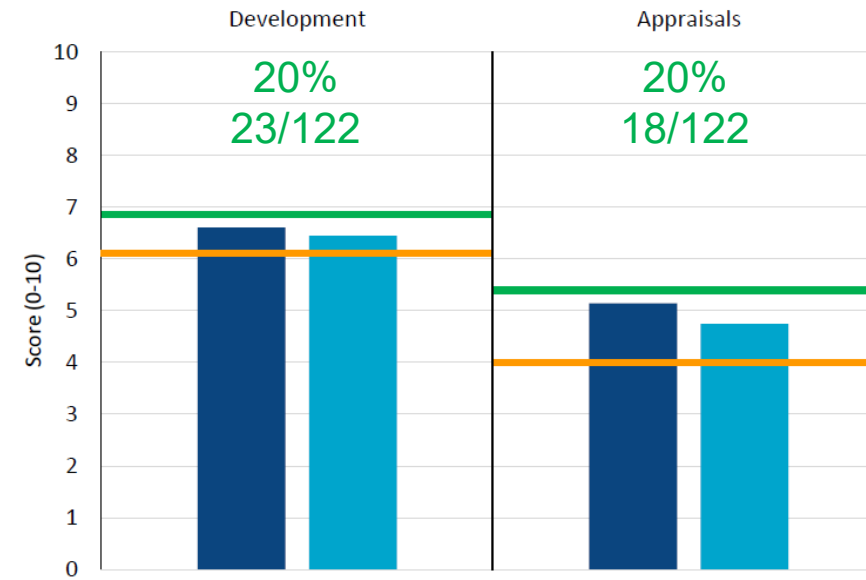**Theme: Staff engagement**
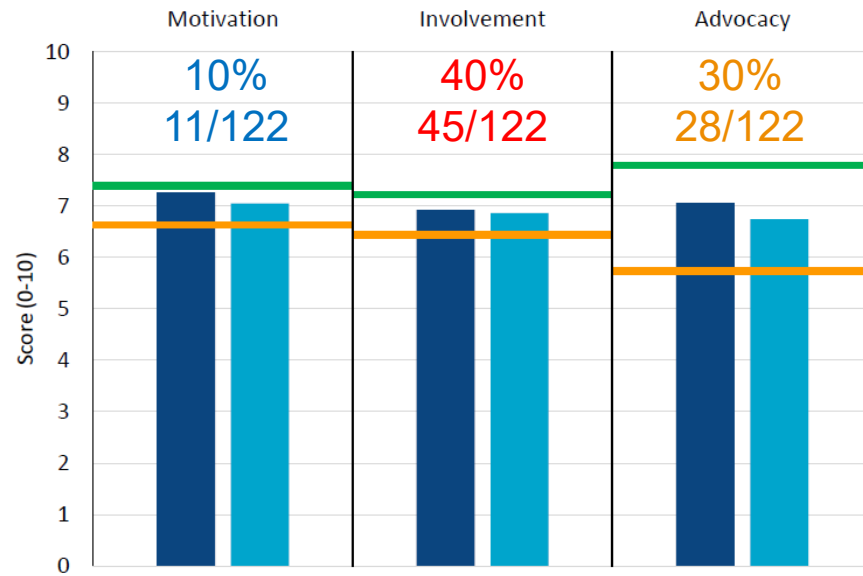
	Motivation	Involvement	Advocacy
	10%	40%	30%
	11/122	45/122	28/122
Your org	7.26	6.92	7.06
Best result	7.39	7.21	7.78
Average result	7.04	6.86	6.74
Worst result	6.63	6.44	5.73
Responses	6044	6139	6105

Theme: Morale
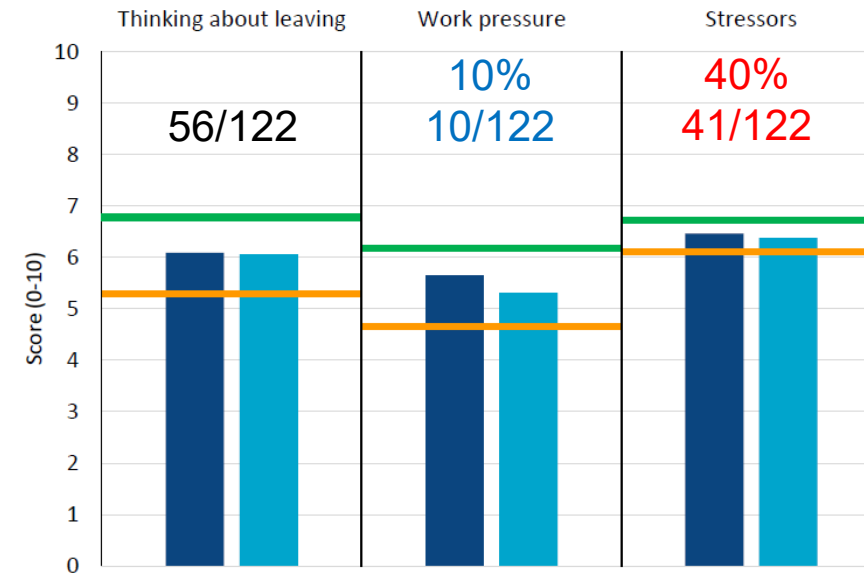
	Thinking about leaving	Work pressure	Stressors
	56/122	10%	40%
		10/122	41/122
Your org	6.09	5.65	6.46
Best result	6.78	6.17	6.72
Average result	6.06	5.31	6.38
Worst result	5.29	4.65	6.11
Responses	6098	6134	6125

Committed to excellence **Working together** **Facing the future**

Source: NHS Staff Survey Benchmark report 2023

Improvement Focus Areas

- Staff experience from patients / service users, their relatives, or other members of the public.

- People Promise element – we are safe and healthy.

- People Promise element – we work flexibly.

- People Promise sub-score – compassionate leadership.

- People Promise sub-score – appraisals.

- Supporting our people to deliver 'safe and quality care'.

Committed to excellence   Working together   Facing the future

NHS
Frimley Health
NHS Foundation Trust

Q16a. In the last 12 months, have experienced discrimination from patients / service users, their relatives, or other members of the public. 11.9% 106/122

Q13a. In the last 12 months, have experienced physical violence from patients / service users, their relatives, or other members of the public.*Data quality issue

Q14a. In the last 12 months, have experienced harassment, bullying, or abuse from patients / service users, their relatives, or members of the public. 27.6% 94/122

Q17a. In the last 12 months, experienced unwanted behaviour of a sexual nature from patients / service users, their relatives, or members of the public. 7.5% 47/122

Committed to excellence   Working together   Facing the future

Safe and Healthy

Q5a. Never / rarely have unrealistic time pressures. 23.8% 85/122

Q11a. Organisation takes positive action on health and well-being. 56.8% 63/122

Q14d. Last experience of harassment / bullying / abuse reported. 47.1% 105/122

Q12f. Often / always feel every working hour is tiring. 19.1% 50/122

Q11b. In last 12 months, have experienced musculoskeletal (MSK) problems as a result of work activities. 30.4% 78/122

Q14a. In the last 12 months, have experienced harassment, bullying, or abuse from patients / service users, their relatives, or members of the public. 27.6% 94/122

Q14b. In the last 12 months, have experienced harassment, bullying, or abuse from managers. 10.2% 51/122

We Work Flexibly

Q6b. Organisation is committed to helping balance work and home life. 52.7% 18/122

Q6c. Achieve a good balance between work and home life. 58.6% 17/122

Q6d. Can approach immediate manager to talk openly about flexible working. 70.6% 37/122

Q4d. Satisfied with opportunities for flexible working patterns. 57.8% 35/122

Committed to excellence   Working together   Facing the future

Compassionate Leadership

Q9f. Immediate manager works with me to understand problems. 70.1% 37/122

Q9g. Immediate manager listens to challenges I face. 73.0% 30/122

Q9h. Immediate manager cares about my concerns. 72.5% 26/122

Q9i. Immediate manager helps me with problems I face. 70.1% 16/122

Committed to excellence   Working together   Facing the future

Appraisals

Q23a. Received appraisal in the past 12 months. 80.3% 86/122

Q23b. Appraisal helped me improve how I do my job. 34.2% 06/122

Q23c. Appraisal helped me agree clear objectives for my work. 42.7% 06/122

Q23d. Appraisal left me feeling organisation values my work. 38.3% 07/122

Committed to excellence   Working together   Facing the future

Supporting Our People To Deliver Safe and Quality Care

- Organisational Development effort to increase collaboration between teams to deliver organisational goals using data intelligently as a primary enabler.

- Key stake holding teams include Patient Experience, Patient Safety, Quality and Audit, and Frimley Excellence.

- Additional key stakeholders include the Freedom to Speak Up Guardian and our Human Resource Business Partners.

- Kick-off meeting planned for 07 May 2024.

Committed to excellence   Working together   Facing the future

Next Steps

- Results sharing with senior leaders and managers.

- National Quarterly Pulse Survey 02 April – 30 April 2024.

- People Promise workshop – compassionate leadership 04 April 2024.

- People Promise workshop – 07 May 2024.

- People champion initiative.

Any Questions?

Committed to excellence ▸ **Working together** ▸ **Facing the future**

Report Title	EDI High Impact Plan
Meeting and Date	Public Board of Directors, Friday 3rd May 2024
Agenda Item	13.
Author and Executive Lead	Shaminder Flora, Head of OD and EDI Matt Joint, Chief People Officer
Executive Summary	The Board of Directors is presented with the EDI High Impact report which highlights the progress that has been made regarding the NHS England High Impact Equality, Diversity and Inclusion Actions.
Action	The Board of Directors is asked to **NOTE** the EDI High Impact report.
Compliance	Board Assurance

Summary
The NHS England EDI High Impact Actions set out x6 actions, it is an ambitious programme with a range of deadlines ranging from 2023- 2026. The items listed below are the ones that required completion by March and June 2024. Appendix 1 details the comprehensive set of actions under each heading with accompanying timescales.

Action	Due date	Progress
1.Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable By March 2024, NHS boards must review relevant data to establish EDI areas of concern and prioritise actions. Progress will be tracked and monitored via the Board Assurance Framework.	01/03/2024	• The FHFT Chair is currently setting these EDI objectives. Each will be bespoke to suit roles and responsibilities. • EDI data is scheduled to go to Board in May 2024 for scrutiny. • The EDI Committee has had its inaugural meeting and starting devolving EDI responsibility to Triumvirates

2.Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.
 	
Create and implement a talent management plan to improve the diversity of executive and senior leadership teams (by June 2024)
	01/06/2024	• The Resourcing team has secured endorsement to pilot inclusive recruitment practices including:
		  - Application by CV
		  - Assistive technology
		  - Giving out interview questions in advance as a reasonable adjustment
		  - Mandatory Recruitment and Selection training for Managers
		
		• A talent management/succession planning approach has been introduced across the organisation with the majority of directorates now holding a critical posts register. The diversity of pipelines will be considered in respect of EDI ambitions (representation at Bands 8A and above) to enable development planning in directorates (for example, Leader in Me programmes). This will be reported to the EDI Committee.

3.Eliminate total pay gaps with respect to race, disability and gender.		

By March 2024, implement the Mend the Gap review recommendations for medical staff and develop a plan to apply those recommendations to senior non-medical workforce.	01/03/2024	• Progress has not been made due to limited capacity in the team • Baseline data on gender pay gap and from NSS 23 will be reviewed to understand FHFT medical staff experience as a starting point
By March 2024, implement an effective flexible working policy including advertising flexible working options on organisations' recruitment campaigns.	01/03/24	• A revised flexible working policy has been approved and pilot sites are being scoped for launch in May/ June. The Trust is also part of NHSE flexible leadership programme and will implement changes in line with that programme. Targets set on advertising flexible working options in recruitment (25%).
4.Develop and implement an improvement plan to address health inequalities within the workforce. By October 2023, line managers and supervisors should have regular effective wellbeing conversations with their teams, utilising resources such as the national NHS health andwellbeing framework.	01/10/23	• Benchmarking against the Health and Wellbeing Framework has been completed. Health and wellbeing has been part of the appraisal process since 2020 but we need to continue to increase compliance with appraisal to support staff experiencing wellbeing conversations.
5.Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff. By March 2024, give international recruits access to the same development opportunities as the wider workforce. Line managers must proactively support their teams, particularly international staff, to access training and	01/03/24	• Our International recruits have access to our Learning and Development offer, including leadership development opportunities.

development opportunities. They should ensure that personal development plans focus on fulfilling potential and opportunities for career progression. Line managers and teams who welcome international recruits must maintain their own cultural awareness to create inclusive team cultures that embed psychological safety	01/03/2024	• The Equality and Diversity Manager has been trained in delivering Cultural awareness training. A train the trainer model will be adopted to scale this.
6.Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur. Review disciplinary and employee relations processes. This may involve obtaining insights on themes and trends from trust solicitors. There should be assurances that all staff who enter into formal processes are treated with compassion, equity and fairness, irrespective of any protected characteristics. Where the data shows inconsistency in approach, immediate steps must be taken to improve this.	01/03/2024	• A review of our employee relations/disciplinary processes has culminated in launch of a resolution policy and process. • A Sexual Safety Charter has also been signed committing us to the 10 principles of Sexual Safety. We are preparing to launch the charter within the Trust in May • Eliminating bullying, discrimination, harassment and physical violence at work is a key focus of the National Staff Survey 2023 Response.

Report Title	Freedom to Speak Up report
Meeting and Date	Board of Directors, 3rd May 2024
Agenda number	14.
Author and Executive Lead	Steven Roots, Freedom to Speak Up Guardian Matt Joint, Chief People Officer
Executive Summary	This paper aims to update and assure the Board on the Trust's FTSU service and themes, concerns, and learning raised through FTSU and outline plans. This paper sets out the following: • This report covers the period since the last FTSU report to the committee in April 2023. • Update on actions from the People Committee and Trust board; April and July 2023. • Analysis and conclusions are drawn from FTSU cases within Q1-4 of 2023/2024 and trends on previous FTSU data. • Actions and next steps planned following data review and lessons learned. • Steps to further embed FTSU and 'speaking up' as business as usual within FHFT, supported by National and NGO recommendations and changes in policy.
Action/ Re Recommendation	The Board is asked to: • Consider the report's findings • Review the actions and challenges faced and support opportunities to develop 'Speaking up' as business as usual, noting/supporting the actions within the FTSU review paper presented at EPOD – 23rd April 2024. • Review FTSU data on concerns raised at FHFT and consider the correlation with broader trust data, which would support a positive speaking-up culture within an organisation; NGO, Freedom to Speak Up: A guide for leaders in the NHS and organisations delivering NHS services. • To review and support actions to ensure that TMB, through the roles and responsibilities for senior leadership in the National Guardians Office guidance and reflective and planning tool, helps focus across the trust on the importance of speaking up as business as usual and how FTSU is the safety net when not safe or appropriate. • Review, where concerns/whistleblowing happen outside of FTSU, is visible. Actions and learning are identified, followed up, and shared to support the trust's speaking-up culture, a key focus within the CQC Well-led domain.

The role of the Board is emphasised as a critical factor in successful FTSU approaches, and the NGO has updated at the same time as the new National Speaking Up policy; their guide for senior leaders and board members around roles and responsibilities and has suggested that senior leaders should have specific action around FTSU embedded within job descriptions. The Board should be encouraged to reflect upon what the organisation needs to achieve and how it can support FTSU, including guiding areas of particular focus. A key recommendation in the recent report produced for the National Guardian's Office, 'Improving Speaking Up in the NHS', was that organisations must:

"…demonstrate commitment to accountability from the most senior leaders. Invest in external resources, such as a private therapist or employee assistance program, to support victims of harassment and discrimination. Establish an ombuds office, that can talk candidly to employees about their fears and concerns and walk them through the reporting options available to them. And create anonymous formal reporting channels that both protect reporters and inform organizational change."

Progress on actions agreed at People Committee April 2023 and Trust Board July 2023
- People Committee action
  - Speaking training is supported using the NGO 'Speaking up' module found on the Online Learning Portal; all staff are encouraged to complete it, as it is not set as mandatory.
    - **Update April 2024** - Speak Up 'October 2023, a managers' guide to FTSU training, was developed, promoted, and presented as a FTSU update to the Care Governance Committee in October 2023 and Peoples Directorate Management Group in January 2024.
  - An Introduction to FTSU at FHFT corporate induction is given directly by the FTSU guardian (where possible) as part of Every Voice Counts (EVC) session (FTSU, ED&I, and HWB), supporting staff joint FHFT feel supported in speaking up.
  - Line manager 'Listen up training' was mandatory for all new managers joining the trust and optional for existing managers as part of the Managers Essential Programme (MEP).
    - **Update April 2024** - MEP has been reviewed and has moved to a one-day offering, where FTSU is not covered, but an opportunity to see if it fits with the HR Manager's training and links with the new 'Resolution policy' training.
  - Senior leader 'Follow-up' training, available as part of the NGO's modules as a stand-alone session, but to be supported by the FTSU guardian, Director of People, and associate director of L&OD as part of Board and senior leader development.
    - **Update April 2024 -** A session for senior leaders in FHFT has not been arranged, but meetings are underway to connect across the ICS; FTSU guardians and executives, looking at how to support a consistent approach to 'Follow-up' training, but also to support senior leaders to undertake the NGO's 'reflective and planning tool (appendix 2)
- Trust Board action July 2023
  - Plans to join the work of FTSU and the Safer Working Hours guardian for FHFT in supporting how consultants and trust doctors can speak up, their voices can be heard, and actions and feedback are given.
    - **Update April 2024** - Meeting of the FTSU and Safer Working Hours guardians, held with a greater understanding of the roles and how they can support speaking up across our medical staff.
  - Key opportunities will include induction, academic half-day, and doctor forums.
    - **Update April 2024**—Work is still ongoing but slow due to pressures across the trust, the FTSU guardian's ability to focus on the proactive side of the role over the reactive side, and the high number of concerns and their complexity. The Strategic Lead for Medical and Dental Education is supporting the FTSU guardian in taking this forward.

- Other actions raised in People Committee and Trust Board
  - Guidance from the NGO/NHSE (Appendix 2).
    - National 'Speaking up' policy - being updated and moving away from our current more formal style of policy; 'Raising concerns at work' and to be kept as similar as possible to its design, which aims to support staff in using it to speak up about a concern they feel impacts patients or staff experience or safety. Awaiting the Peoples directorate structure and strategy to be launched as support how 'Speaking up' will be supported as part of business as usual at FHFT and any structural changes/support for FTSU to follow national recommendations.
    - The new national policy is supported by two further updated guidance for senior leaders and how they support the culture of speaking up.
      - Freedom to Speak up: a guide for leaders in the NHS and organisations delivering NHS services.
      - Freedom to Speak up, A reflection and planning tool.
- The FTSU structure is still under review and is part of the People's Director strategy and staffing review; since the last report, there has been no change in the FTSU structure. Review of enhancing and developing the FTSU network of champions and ambassadors along with ED&I and HWB/MHFA as part of Every Voice Count.
- Work remains ongoing to support the increasing concerns raised around culture, staff relationships, safety and leadership behaviours.
  - The Teams in Distress meetings are continuing. Concerns remain to be raised within the teams due to broader trust pressures, availabilities to attend/engage and await outcomes and feedback on investigations, actions and learning.
  - The Resolution policy is pending final review/sign-off and its launch. This will provide a better framework that feels less adversarial to support staff with local resolution and an opportunity to address concerns earlier and with a less formal approach.
  - The Culture and Leadership programme is waiting to launch.
- **Update April 2024**—The 'Speaking Up' policy is in draft. However, FTSU did not remain part of the People Directorate review, and a separate FTSU review paper by the Director of People is due to be presented to EPOD on April 16th, 2024. The paper will include some findings that FHFT does not benchmark well in providing FTSU service and the number of guardians and give recommendations for strengthening the service.

FTSU Cases review – data inclusive of Q4 2024 and past data from 2020/21, and some limited data going back to the start of FTSU in FHFT in 2018 (Appendix 1)

- There were 155 cases in 2023/24, compared to the 169 cases raised in 2022/23. This is a slight decrease, but it is the second-highest yearly number of concerns raised since the start of FTSU. There remains a dip in reporting in Q2; within 2023/24, it is 29, compared to the other quarters of the low 40s. This may relate to this being over the summer and holiday period. The quarterly average number of concerns sits at 38.75 from 42.25 (2023/24) but above 22.25 (2019/20) and 30.5 (2018/2019).
- 19 anonymous cases have been raised via FTSU. However, further whistleblowing concerns have been raised via other regulatory bodies. These are not part of FHFT FTSU data and are reviewed within the individual directorate. Anonymous concerns raised via FTSU make up 12.26% of concerns raised and have been increasing yearly, which may correlate with the increasing number of concerns raised via FTSU at FHFT. However, this goes against the national trend given by the NGO, which has seen a fall from 17.7% in 2017 to 9.3% in 2022/23.
- Concerns raised with the request for confidentiality with the FTSUG have increased to 69.03% of concerns, from 68.05% in 2022/23 and 40.21% (2021/22) and 46.36% (2020/21). The reasons cited correlate with the elements/nature of the concerns as seen in Appendix 1, figure 3, which

shows an increase in tensions in relationships, lack of trust and confidence that the issue will be heard and dealt with, or fear and futility in speaking up as part of business as usual.

The NGO adjusted the professional staff groups for 2022/23 but have remained the same for 2023/24 following the changes also in 2021/22 (figure 2),

- The nature/elements of concerns are multifactorial, as seen in Appendix 1—Figure 3, and show that concerns staff have raised feel more complex when raised. There are increases in patient safety and quality concerns. Still, these often are cited around staff safety, culture, and leadership, leading to a potential/risk to patient safety and quality, and all elements increased in 2023/24. However, only a few concerns have been raised where direct harm or safety incidents have been cited.
- Behaviours and relationships have remained the same, and systems and processes have increased slightly, along with culture within the area, relating to concerns around leadership behaviours/decisions at both middle and senior levels. Although there has been a slight decrease in middle and senior management being cited, there has been a move to this being around leadership.
- The complex nature of concerns relates to staff members' feeling they face barriers, fear, and futility when speaking up and feeling they will not be heard or understood, especially regarding diverse support or needs. The concerns raised via FTSU suggest the pressure and strain within the thrust negatively impact behaviours and relationships and how leadership is perceived, making it less able to identify and address issues early and timely and where staff feel valued in their diversity and speaking up.
- Detriment felt by staff following raising concerns is felt by concerns raised around team/leadership cultures and dynamics, where speaking up locally or informally does not appear to be valued, leaving more formal HR processes the alternative. These processes are often declined or used when leaving the organisation; at this point, staff also feel the impact on their health and well-being and do not feel an adversarial process would be the best option.
- Following up with those who have raised concerns and how the resolution worked, but also if they faced or suffered detriment in speaking up, is recommended by the NGO to be done at the time of resolution and then 3, 6 and 12 months following. Due to the current resources and workload of the FTSU guardian, this is an area that does need greater to gain feedback on the speaking up process of business-as-usual or via FTSU service, and it is an area that will be enhanced through the recommendations suggested by the FTSU review paper.
- Concerns raised by professional staff groups remain similar to 2022/23.
  - Medical and dental have increased to 9.68% of total concerns from 3.55% in 2022/2023, potentially due to raising the profile.
  - Nursing concerns have reduced from 39.05% in 2022/23 to 35.48%, and AHP's concerns have also decreased from 5.92% to 5.16% in the same period.
- Some of these changes may be reflected in the anonymous concerns, but concerns across students have remained low and are an area of focus. However, work with the practice development/education teams to ensure awareness of the need for and importance of speaking up and around FTSU, providing a safety net to speak up to if needed.
- The location of concerns raised provides similar patterns to 2022/23, with minor changes to our primary areas. Wexham Park has increased from 23% to 31%, Frimley Park is 28% from 25%, and Heatherwood at 11%. Our community and satellite sites have a more noticeable decline from 15% to just over 5%. However, some work is planned across some of the areas.
- There have also been 27 separate contacts around specific areas of support, signposting for advice, and bespoke sessions for the team to promote 'Speaking up. Well-being, especially mental health, is an area that FTSU concerns have a greater significance on the impact of the person needing to speak up, and it adds a more significant challenge in supporting the person, as

they may be or need to take time off sick. However, ED&I concerns around culture and behaviours are also an area that has been flagged, although they are an integral part of the FTSU guardian role in supporting the seldom-heard voices being amplified.

FTSU - National Staff Survey (NSS) questions related to speaking up (Appendix 3)
The four questions, formed as part of the Peoples Promise: We all have a voice that counts – Raising concerns (20a, 20b, 25e and 25f), remain just above the median benchmark results and have not shown any significant or sustained change.

Although the trust response rate has allowed us to hear a greater voice of our staff, of those who responded to question 25e in feeling safe to raise anything that concerns them in the organisations (6087), 39% (2373) did **NOT** feel they agreed or strongly agreed with this. For question 25f of 6096 responses, 54% (2804) did **NOT** agree or strongly agree that if they spoke up about something that concerned them, they were confident the organisation would address it.
Although 71% of 6102 responses for question 20a felt secure, this raised concern about unsafe clinical practice, with 29% or 1769 staff NOT feeling they agreed or strongly agreed they felt secure. Question 20b had 6097 responses; 61% felt that the organisation would address their concern, with 39% or 2377 people feeling they did **NOT** agree or strongly agree to this Appendix 3.

Conclusions
- In these challenging times, it is essential to reflect that FTSU was a recommendation following the Francis Report around the failings in care in the Mid Staffordshire Hospital Trust, which became driven by targets and cost cutting, but did not hear the challenges faced by staff in providing safe and quality care.
- FTSU and the FTSU guardian are part of the speaking up culture needed to ensure that staff can raise patient safety and quality concerns. Since it was established, the guidance from the National Guardian Office has moved the focus of FTSU to a much broader scope that also includes staff who can raise any concern that is not safe or appropriate or has not been addressed and impacts them in doing their job.
- The cases being raised via FTSU have been increasing, but so has the complexity of the concerns and staff support due to the pandemic and the pressures across the NHS to focus on ensuring safety and quality.   FHFT FTSU does not benchmark well against organisations of similar size, suggesting a need for further investment.
- Following up with staff around the resolution and if detriment from speaking up has occurred is an area that needs more significant focus, with actions and learning gained, shared, and the loop closed is not in keeping with the NGO's updated guidance but can be better addressed if the recommendations around investment are taken forward, but would remain an issue if not due to capacity and demand.
- The NSS has provided an opportunity to see greater engagement in hearing the voices of our staff, and it is something to celebrate. However, there are still parts of the organisation where staff do not feel able to engage in the NSS or feel they will be heard in speaking up as part of business as usual, which is where FTSU supports, along with work across the staff networks and supportive service for our staff. The questions within the NSS relating to 'We all have a voice that counts' – Raising concerns, show engagement but also show that there are staff that feel further work is needed or that there is fear or futility in speaking up, allowing concerns not to be raised and could be around the safety of our patient and staff.
- Anonymous concerns raised via FTSU have increased, relating to staff feeling a lack of trust and confidence in raising them via the line manager/business-as-usual route or confidence to use an HR process.

- o The Anonymous reporting system for FTSU has been an ongoing action raised via the FTSU report. Still, there has not been an opportunity for the investment or how it could align with other trust systems. These features within the FTSU FHFT review could support staff in speaking up within the trust and over whistleblowing via other regulatory bodies.
  - o This links to the need for a case management system that maintains the confidentiality needed to support FTSU concerns but also to help capture and triangulate the data with other data of speaking up, culture, support and have a better understanding of the demographical significance of what is raised and by who, which is essential in our diverse culture and needs of our patients and staff.
- The size and continued growth of FHFT, along with the sustained pressure faced, will mean that area, departments, and behaviours, along with leadership styles, will become challenged. The Teams in Distress work is an area that takes significant amounts of time due to multiple contacts that need to be addressed on an individual basis, along with any links to signpost and support staff. Greater focus on a more co-ordinated response for both senior leaders in the area and the supportive services across the HR function in identifying, addressing, and learning from concerns, ensuring that there's a clear communication plan to staff would allow staff to feel greater assurance that their concerns are being heard. Actions are being taken to address them.
  - o Improved collection and triangulation of trust data and learning could support areas across the trust to be identified earlier, where cultural changes are shifting, and engagement and support offered earlier before they move to a place where it feels a team is in distress.
- On reviewing professional groups, speaking up via FTSU, as each group has differing needs, roles, and responsibilities, requiring specific focus. Medical and dental were raised as an area of focus in July 2023. The board, via engagement and support of the education team in raising the profile of speaking up and FTSU, has seen increased cases raised.
  - o Head of Therapies has recognised that speaking up for AHP's is an area that needs some focus and is supporting an FTSU focus within the next away day and ensuring that the FTSU training modules are shared. Staff are encouraged to complete the 'Speaking up' Module, and middle managers also complete the 'Listen up' training, which is further supported with a bespoke session taken from the Managers Essentials Training.
- Training around the NGO's 'Speaking up' for everyone, on top of 'Listening up' for all line managers and 'Follow up' senior managers, had not moved to be mandatory as yet but is a recommendation within the FTSU review.
- All modules are available on the OLP, and a training guide for leaders on the importance of staff completion and how and where to access them was shared within the Care Governance Committee (October 2023) and Peoples Directorate Management Group (January 2024).
  - o Uptake on OLP – Speaking up – 151, Listening up – 77 (not including MEP participants) and Follow up – 14
  - o Risks that need to be discussed if made mandatory.
    - Guidance from the NGO's Senior Leaders guide.
    - Capacity to train if it sits under the subject matter expert and FTSU is not further resourced.
    - NGO training materials are reflective, and L&OD has raised a concern that they can be done in a tick-box way rather than learning and understanding the barriers faced around hearing a diverse voice and the barriers faced in speaking up.
    - Risks of achieving and maintaining compliance rates if mandated.
    - Consistency of training across the trust and wider ICS and, therefore, a more consistent speaking-up culture, especially 'follow-up' training for senior leaders.

- Champion and ambassador network has become vastly reduced. Due to the changes in the guidance for the NGOs, it was previously noted that champions are not able to manage FTSU cases but more around signposting. Also, the route cases are reported to FTSU, favour, speaking up directly to the FTSU guardian (direct email address, contact via phone or ad-hoc drop-ins).
  - Plans to connect champions under the umbrella term of Every Voice Count, such as FTSU, ED&I, and HWB/MHFA, have not moved forward. This has been reviewed and reinvigorated around having People Champions to support senior leaders and directorates in ensuring staff supportive services and key information are disseminated (by ambassadors), supported, signposted, and accessed better by champions who are in turn better informed, trained and supported by the subject matter experts.

Immediate Actions

A case for further investment in FTSU was approved by EPOD on 23rd April 2024. This will enhance the FTSU team so that it can reduce the need to focus on the reactive stage of hearing cases and, instead, increase support for concerns raised and proactively promote and support, amplifying the voices of staff, especially those that feel they are seldom heard.   Specifically, the actions that will be taken are:

1. In the light of recent high profile revelations about the indications of a high incidence of sexual harassment within the profession, greater reluctance to speak up (because of potential impacts on career), poorer levels of engagement and morale in this section of the workforce, there is a case for a dedicated FTSU Guardian for medics and/or the broader clinical workforce. Senior clinicians will be seconded part-time to support the embedding of FTSU, commencing in the 2024/25 financial year. This could be a consultant, AHP or scientist, for example, and it is proposed that this is shared between a number of individuals, potentially with one based at each of our three main sites.
2. Maintain role of FTSU Guardian for all other staff groups, including flexible/contractor workers.
3. Establish a deputy/assistant Guardian role to support the Guardians, who should be capable of offering practical support regarding reporting options available to staff.
4. Explore the potential for a 24/7 FTSU service, run by an external organisation that individuals can contact to share issues/concerns in confidence.
5. Review the options for a software solution that enables anonymous reporting.
6. Review the potential for a case management system, to support the need for confidentiality around concerns raised, and where data can be more robustly used to triangulate areas of concerns, draw learning and feedback in speaking up.
7. Sexual Safety will be a key feature of each Trust's National Staff Survey results. A Sexual Safety policy has been prioritised and will be submitted for EPOD approval in March 2024. This will be supported by practical guidance on appropriate/acceptable behaviours.
8. Establish a 'buddy' network, where individuals who speak up on significant issues such as sexual harassment are appointed buddies to provide support. This will commence in May 2024.
9. Trust-wide training such as Management Essentials should build on the existing FTSU module and include clear guidance on the use of informal and formal approaches to people issues and disputes.
10. Consider how the national FTSU eLearning could be included as mandatory training.
11. The Trust's Resolution Policy has been approved and is being supported by the HR Business Partners. Short training sessions for managers is being delivered between February and April 2024 and it is planned these will continue, as required, for the foreseeable future.

FTSU Data Sheet to support People Committee and Board

Number of cases brought to FTSUGs / Champions per quarter						Other points of contact, excluding FTSU concerns
	Q1	Q2	Q3	Q4	Total	Well-being, Advise, Signposting
2023/24	42	29	43	41	= 155	Q1=8 Q2=4 Q3= 7 Q4=9
2022/23	24	35	56	54	= 169	Q1=7 Q2=1 Q3= 6 Q4=4
2021/22	26	25	34	22	= 97	Q1=5 Q2=4 Q3=7 Q4=3
2020/21	22	24	44	20	= 110	Q1-Q3=No data Q4=7
2019/20	14	24	27	24	= 89	No data
2018/19	36	25	25	36	= 122	No data

Figure 1: *FTSU cases brought to the FTSU guardian/champions (nationally reported to the NGO), other points of contact not reported nationally.*

Number of cases brought by professional groups											
NGO categories for 2022 - 2023	Q1	Q2	Q3	Q4		Staff categories 2022 - 2023		Staff categories 2021 - 2022		Staff categories 2020 - 2021	
Additional clinical services	8	3	4	1	= 16	AHP's	10	AHP's	21	Admin/ Clerical staff	17
Additional professional scientific and technical	1	1	5	4	= 11	Medical and Dental	6	Medical and Dental	9	AHP's - other than Pharmacists	4
Admin and clerical	8	2	10	11	= 31	Administrative and clerical	27	Ambulance	0	Board members	0
AHP's	2	2	2	2	= 8	Additional clinical services	21	Public Health	0	Cleaning/ Catering/ Maintenance /Ancillary staff	5
Estates and Ancillary	1	2	0	1	= 4	Estates and Ancillary	1	Commissioning	0	Corporate Services	0
Healthcare scientists	0	0	1	3	= 4	Nursing and Midwifery	66	Registered Nurses and Midwives	41	Dentists	0
Medical and Dental	4	2	4	5	= 15	Additional professional scientific and technical	6	Nursing Assistants or Health care Assistants	9	Doctors	7
Nursing and Midwifery	13	15	13	14	= 55	Healthcare scientists	4	Social care	0	Healthcare assistants	8
Students		1			= 1	Students	3	Admin Clerical & Maintenance/ Ancillary	9	Midwives	2
Other	0	0	0	0	0	Other	8	Corporate services	13	Nurses	34
Not known	5	1	4	0	10	Not known	17	Not known	2	Other	1
								Other	0		

Figure 2: *FTSU cases brought to the FTSU guardian/champions by a professional group (nationally reported to the NGO).*

Cases raised have an element of - (cases have multiple elements)									
	2023/24 Q1	Q2	Q3	Q4		2022/23	2021/22	2020/21	2019/20
Patient Safety and Quality	16	17	11	21	= 65	39	29	38	17
Bullying and Harassment	6	5	7	6	= 24	23	30	47	22
Staff safety	14	11	21	23	= 69	46	32	47	7
Behaviour/relationships	17	11	29	28	= 85	85	64	64	37
Systems / Processes	16	15	22	24	= 77	70	55	50	27
Infrastructure/environment	X	X	X	X	X	12	13	9	5
Cultural	25	19	27	29	100	75	44	34	17
Leadership	5	8	18	13	= 44	37	28	39	32
Fraud	0	1	0	1	= 2	1	2	0	0
Senior management issue	15	5	5	14	= 39	50	22	10	9
Middle management issue	6	7	12	3	= 28	25	50	30	12
	Total				443	463	369	368	463
Anonymous	7	6	5	1	19	15	13	10	7
Confidential to FTSUG	29	23	26	29	107	115	39	51	No data
Detriment	2	1	2	3	8	9	3	0	0

Figure 3: *FTSU case(s) element(s) brought to the FTSU guardian/champions; each case can have multiple elements (nationally reported to the NGO).*

Number of cases site location									
2023 -2024	**Q1**	**Q2**	**Q3**	**Q4**	**Total**	**2022/ 23**	**2021/ 22**	**2020/ 21**	**2019/ 20**
Frimley	9	10	11	14	44	43	33	30	24
Wexham	14	9	12	13	48	38	37	31	30
Heatherwood	6	4	2	6	18	18	6	5	13
King Edwards					0	9	1	6	1
Community	1	1	3	2	7	8	0	6	2
Cross-site	9	5	11	5	31	27	20	8	7
Unknown	3	0	3	1	7	15	5	8	2
Other	0	0	1	0	1	9	0	8	0

Figure 4: *FTSU cases brought to the FTSU guardian/champions by location (not nationally reported to the NGO).*

Appendix 2

Key References
- 'Improving Speaking Up in the NHS' – available on the National Guardian's Office website.
- **NGO – FTSU Guardian Job description – Mar 2018 20180213_ngo_freedom_to_speak_up_guardian_jd_march2018_v5.pdf (nationalguardian.org.uk)**
- **National guidelines on Freedom to Speak Up training in the health sector in England – Aug 2019 20190812-National-guidelines-on-FTSU-training.pdf (nationalguardian.org.uk)**
- **National Policy – refreshed in 2022 NHS England » The national speak up policy**
- **Refreshed Leaders guide - refreshed in 2022 NHS England » The guide for the NHS on freedom to speak up**
- **FTSU - A reflective and planning tool - 2022 NHS England » The guide for the NHS on freedom to speak up**
- **NHS Standard Contract 2024/25 - 04-NHS-Standard-Contract-2024-to-2025-General-Conditions-full-length-version-1-February-2024.pdf (england.nhs.uk)**

Suggested data to support board assurance of a positive culture of speaking up (NHS FTSU senior leaders guide page 19)

Data you could compare

Patient safety	Worker experience
Patient complaints	Grievance numbers and themes
Patient claims	Employment tribunal numbers and claims
Safeguarding issues	Exit interview themes
Patient safety incidents	Sickness rates
Near misses	Retention figures
Never events	National Staff Survey results, including response rates
Patient experience dashboard data	The National Quarterly Pulse Survey
Friends and Family Test data	Polls or pulse surveys
	Workforce Race Equality Standard, Workforce Disability Equality Standard, Stonewall Equality Index data
	Levels of suspension
	Use of settlement agreements
	Leadership behaviours survey
	Thematic reviews
	Use of suggestion and similar schemes
	Engagement in worker reward and recognition schemes

Tip: Working with data

Make sure your guardian has support from experts to interpret statistical information and that they are able to present all data and other intelligence in a way that maintains confidentiality.

19 **Guidance for leaders** > **Responding to speaking up**

Appendix 3- **National Staff Survey 2023 results**

People Promise - We each have a voice that counts – Raising concerns.

Q20a - I would feel secure raising concerns about unsafe clinical practice.					
% of staff selecting "Agree" or "Strongly agree"					
Organisation	2019	2020	2021	2022	2023
Frimley Health NHS Foundation Trust	74%	74%	75%	71%	71%
Frimley Health NHS Foundation Trust response rate	4,730	5,226	5,413	4,971	6,102
Benchmark group - median result	71%	72%	74%	71%	70%
Benchmark group - best result	79%	78%	83%	79%	78%
Benchmark group - worst result	59%	63%	66%	62%	63%
Q20b - I am confident that my organisation would address my concern.					
% of staff selecting "Agree" or "Strongly agree"					
Organisation	2019	2020	2021	2022	2023
Frimley Health NHS Foundation Trust	65%	64%	62%	59%	61%
Frimley Health NHS Foundation Trust response rate	4,722	5,225	5,405	4,968	6,097
Benchmark group - median result	59%	59%	58%	56%	56%
Benchmark group - best result	74%	74%	76%	69%	69%
Benchmark group - worst result	38%	45%	44%	42%	44%
Q25f - If I spoke up about something that concerned me I am confident my organisation would address my concern.					
% of staff selecting "Agree" or "Strongly agree"					
Organisation	2019	2020	2021	2022	2023
Frimley Health NHS Foundation Trust response rate	-	5,219	5,398	4,969	6,096
Frimley Health NHS Foundation Trust	-	-	53%	50%	54%
Benchmark group - median result	-	-	48%	47%	49%
Benchmark group - best result	-	-	67%	64%	66%
Benchmark group - worst result	-	-	32%	34%	35%
Q25e - I feel safe to speak up about anything that concerns me in this organisation.					
% of staff selecting "Agree" or "Strongly agree"					
Organisation	2019	2020	2021	2022	2023
Frimley Health NHS Foundation Trust	-	67%	64%	62%	65%
Frimley Health NHS Foundation Trust response rate	-	-	5,397	4,963	6,087
Benchmark group - median result	-	65%	61%	60%	61%
Benchmark group - best result	-	78%	75%	74%	74%
Benchmark group - worst result	-	53%	48%	49%	50%

People Promise - We are safe and healthy – Negative experiences.

Sexual safety

Q17a - In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From patients / service users, their relatives or other members of the public					
% of staff saying they have been the target at least one incident of unwanted behaviour of a sexual nature					
Organisation	2019	2020	2021	2022	2023
Frimley Health NHS Foundation Trust	-	-	-	-	7%

Organisation	2019	2020	2021	2022	2023
Frimley Health NHS Foundation Trust	-	-	-	-	6,124
Benchmark group - median result	-	-	-	-	8%
Benchmark group - best result	-	-	-	-	1%
Benchmark group - worst result	-	-	-	-	14%

Q17b - In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in
the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or
assault. From staff / colleagues

% of staff saying they have been the target at least one incident of unwanted behaviour of a sexual nature

Organisation	2019	2020	2021	2022	2023
Frimley Health NHS Foundation Trust	-	-	-	-	4%
Frimley Health NHS Foundation Trust	-	-	-	-	6,059
Benchmark group - median result	-	-	-	-	4%
Benchmark group - best result	-	-	-	-	1%

People Promise - We are Compassionate and inclusive – Diversity and equality.

Q15 - Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?

% of staff selecting "Yes"

Organisation	2019	2020	2021	2022	2023
Frimley Health NHS Foundation Trust	58%	58%	56%	57%	58%
Frimley Health NHS Foundation Trust	4,739	5,226	5,417	4,948	6,069
Benchmark group - median result	57%	56%	56%	56%	56%
Benchmark group - best result	73%	70%	70%	69%	70%
Benchmark group - worst result	46%	42%	44%	44%	46%

Q16a - In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?

% of staff selecting "Yes"

Organisation	2019	2020	2021	2022	2023
Frimley Health NHS Foundation Trust	10%	11%	11%	11%	12%
Frimley Health NHS Foundation Trust	4,743	5,254	5,433	4,963	6,106
Benchmark group - median result	6%	6%	7%	8%	8%
Benchmark group - best result	2%	2%	3%	3%	3%
Benchmark group - worst result	15%	16%	15%	16%	15%

Q16b - In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?

% of staff selecting "Yes"

Organisation	2019	2020	2021	2022	2023
Frimley Health NHS Foundation Trust	8%	8%	9%	9%	9%
Frimley Health NHS Foundation Trust	4,706	5,229	5,412	4,945	6,006
Benchmark group - median result	7%	8%	9%	9%	9%
Benchmark group - best result	3%	4%	5%	4%	4%

Organisation					
Benchmark group - worst result	14%	16%	17%	16%	15%

Q21 - I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).

% of staff selecting "Agree" or "Strongly agree"

Organisation	2019	2020	2021	2022	2023
Frimley Health NHS Foundation Trust	-	-	72%	72%	75%
Frimley Health NHS Foundation Trust	-	-	5,430	4,970	6,118
Benchmark group - median result	-	-	69%	69%	70%
Benchmark group - best result	-	-	84%	82%	83%
Benchmark group - worst result	-	-	55%	57%	58%

People Promise - We are Compassionate and inclusive - Inclusion.

Q7h - I feel valued by my team.

% of staff selecting "Agree" or "Strongly agree"

Organisation	2019	2020	2021	2022	2023
Frimley Health NHS Foundation Trust	-	-	5,500	4,976	6,114
Frimley Health NHS Foundation Trust	-	-	70%	70%	73%
Benchmark group - median result	-	-	68%	69%	70%
Benchmark group - best result	-	-	77%	77%	77%
Benchmark group - worst result	-	-	62%	63%	64%

Q7i - I feel a strong personal attachment to my team.

% of staff selecting "Agree" or "Strongly agree"

Organisation	2019	2020	2021	2022	2023
Frimley Health NHS Foundation Trust	-	-	65%	65%	65%
Frimley Health NHS Foundation Trust	-	-	5,493	4,979	6,119
Benchmark group - median result	-	-	64%	64%	64%
Benchmark group - best result	-	-	71%	70%	70%
Benchmark group - worst result	-	-	58%	58%	58%

Q8b - The people I work with are understanding and kind to one another.

% of staff selecting "Agree" or "Strongly agree"

Organisation	2019	2020	2021	2022	2023
Frimley Health NHS Foundation Trust	-	-	72%	74%	75%
Frimley Health NHS Foundation Trust	-	-	5,497	4,988	6,121
Benchmark group - median result	-	-	69%	70%	70%
Benchmark group - best result	-	-	78%	78%	78%
Benchmark group - worst result	-	-	62%	62%	63%

Q8c - The people I work with are polite and treat each other with respect.

% of staff selecting "Agree" or "Strongly agree"

Organisation	2019	2020	2021	2022	2023
Frimley Health NHS Foundation Trust	-	-	74%	74%	76%
Frimley Health NHS Foundation Trust	-	-	5,498	4,985	6,120
Benchmark group - median result	-	-	70%	71%	71%

Organisation					
Benchmark group - best result	-	-	79%	79%	80%
Benchmark group - worst result	-	-	64%	62%	64%

Benchmark group - worst result	-	-	-	-	6%

<div style="background:#ffc000">Q11b - In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?</div>

% of staff selecting "Yes"

Organisation	2019	2020	2021	2022	2023
Frimley Health NHS Foundation Trust	28%	27%	31%	31%	30%
Frimley Health NHS Foundation Trust	4,760	5,259	5,463	4,976	6,110
Benchmark group - median result	29%	29%	31%	31%	29%
Benchmark group - best result	21%	18%	22%	22%	20%
Benchmark group - worst result	37%	38%	39%	38%	37%

<div style="background:#ffc000">Q11c - During the last 12 months have you felt unwell as a result of work related stress?</div>

% of staff selecting "Yes"

Organisation	2019	2020	2021	2022	2023
Frimley Health NHS Foundation Trust	38%	40%	45%	43%	37%
Frimley Health NHS Foundation Trust	4,764	5,266	5,472	4,975	6,094
Benchmark group - median result	40%	44%	47%	45%	42%
Benchmark group - best result	29%	33%	38%	37%	32%
Benchmark group - worst result	47%	52%	54%	52%	50%

<div style="background:#ffc000">Q11d - In the last three months have you ever come to work despite not feeling well enough to perform your duties?</div>

% of staff selecting "Yes"

Organisation	2019	2020	2021	2022	2023
Frimley Health NHS Foundation Trust	55%	44%	52%	53%	49%
Frimley Health NHS Foundation Trust	4,775	5,266	5,463	4,975	6,091
Benchmark group - median result	57%	47%	55%	57%	55%
Benchmark group - best result	48%	38%	43%	49%	47%
Benchmark group - worst result	63%	54%	62%	62%	61%

<div style="background:#ffc000">Q14c - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?</div>

% of staff saying they experienced at least one incident of harassment, bullying or abuse

Organisation	2019	2020	2021	2022	2023
Frimley Health NHS Foundation Trust	17%	18%	18%	18%	18%
Frimley Health NHS Foundation Trust	4,706	5,077	5,162	4,850	5,928
Benchmark group - median result	20%	20%	20%	20%	19%
Benchmark group - best result	12%	12%	12%	12%	12%
Benchmark group - worst result	26%	26%	27%	26%	26%

Q14d - The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?					

% of staff saying they, or a colleague, reported it, out of those who answered the question excluding those who selected "Don't know" or "Not applicable"

Organisation	2019	2020	2021	2022	2023
Frimley Health NHS Foundation Trust	44%	45%	48%	42%	47%
Frimley Health NHS Foundation Trust	1,643	1,788	1,863	1,675	2,004
Benchmark group - median result	46%	46%	47%	48%	50%
Benchmark group - best result	59%	56%	54%	57%	60%
Benchmark group - worst result	40%	39%	41%	42%	44%

Report Title	SIRO Annual Report
Meeting and Date	Board of Directors, 3rd May 2024
Agenda Item	15.
Author and Executive Lead	Nicola Gould, Associate Director of Information Governance Kishamer Sidhu, Chief Financial Officer
Executive Summary	The attached report summarises the Trust's legal compliance for 2023 and Q1 2024. The report highlights the Access to Health Records Team struggled to respond to requests for copies of records within the legal timescale, due to volume of work and vacancies in the department, though significant improvement was made in the last in the 3 months of 2023 and in 2024 Q1. The Trust has been able to respond to 90% of Freedom of Information requests within the legal timescales of 20 days, which is within the Information Commissioners Office 'informal' expectation Trusts respond to 90% of requests within the required timescale. The number of incidents for breaches of data protection/confidentiality reported has fluctuated during the year, with 2 Serious Untoward Incidents (SUIs) reported to the regulatory body which are awaiting further investigation in 2023 and 1 reported in 2024 to date. All incidents are fully investigated, and lesson learnt are feed into the Trust's IG annual training programme.
Action	The Board is asked to **NOTE** the SIRO Report.
Compliance	For statutory and legal compliance

Senior Information Risk Owner (SIRO) Report

Introduction

The Information Governance (IG) Department is responsible for the delivery of a comprehensive work programme across the Trust to ensure compliance with the information legislation framework in which the Trust must operate e.g., Data Protection Act, Freedom of Information Act and Common Law Duty of Confidentiality.
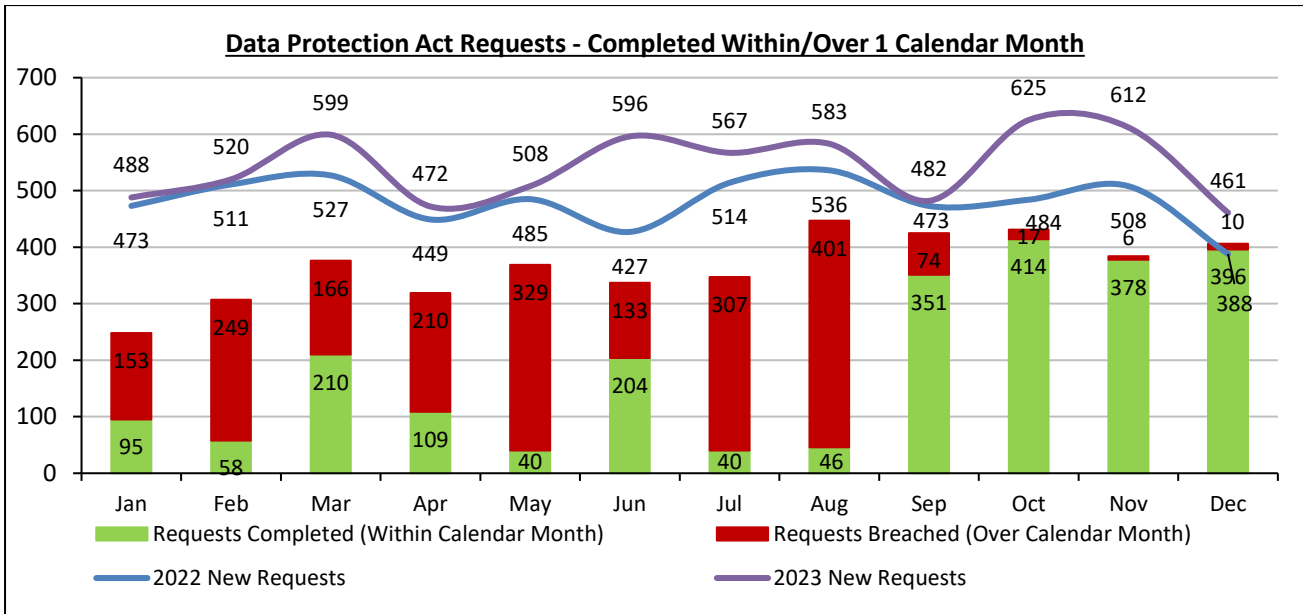
This report is a look back at the work undertaken for 2023 and for Q1 2024.

Achievements in 2023

Key achievements for the IG Department during the year were:

Workstream	Key improvement/priorities
Staffing	• All vacancies have been filled, enabling the teams to work at capacity. • Consultation was completed to merge the Access to Health Records and MyFrimleyHealth Teams to improve resilience, identify synergies and increase efficiencies in processes.

Auditing / Compliance	• The schedule of proactive auditing to assure information is being kept in time with Trust policies was restarted i.e.
	  o Limited auditing reports from Epic.
	  o Annual IG Walkabout Programme, suspended in 2019 due to the COVID and Epic, was restarted and has been well received by departments

Decommissioning	• Supported the Trust's Decommissioning Programme entailing extracting and testing the transfer of legacy data into OnBase enabling legacy systems to be decommissioned

Data Protection Report 2023

Data Protection Act Requests - Completed Within/Over 1 Calendar Month

Key Points	In the earlier part of the year the Trust struggled to meet the legal timescale to respond to requests for copies of medical records, due to: • Lack of resources – difficulty filling vacant posts combined with delays in HR recruitment process.

- Complexity of the role, means it takes new staff longer to be able to cover all aspects of the role, resulting in requests taking longer to respond to.

Action taken:
- All positions were filled in August 2023
- Staff working overtime from September, has reduced the number of breaches from 62% in January to 3% in September.
- Consultation was launched in August to merge the Access to Health Records and MyFrimleyHealth teams as detailed above. Once finished, this saw both teams being upskilled over a 6-month period to cover both teams' tasks as well as increased the resilience to cover work whilst staff are on leave and sickness. Achievement of benefits has been delayed due to operational pressures, staff absence and sickness.
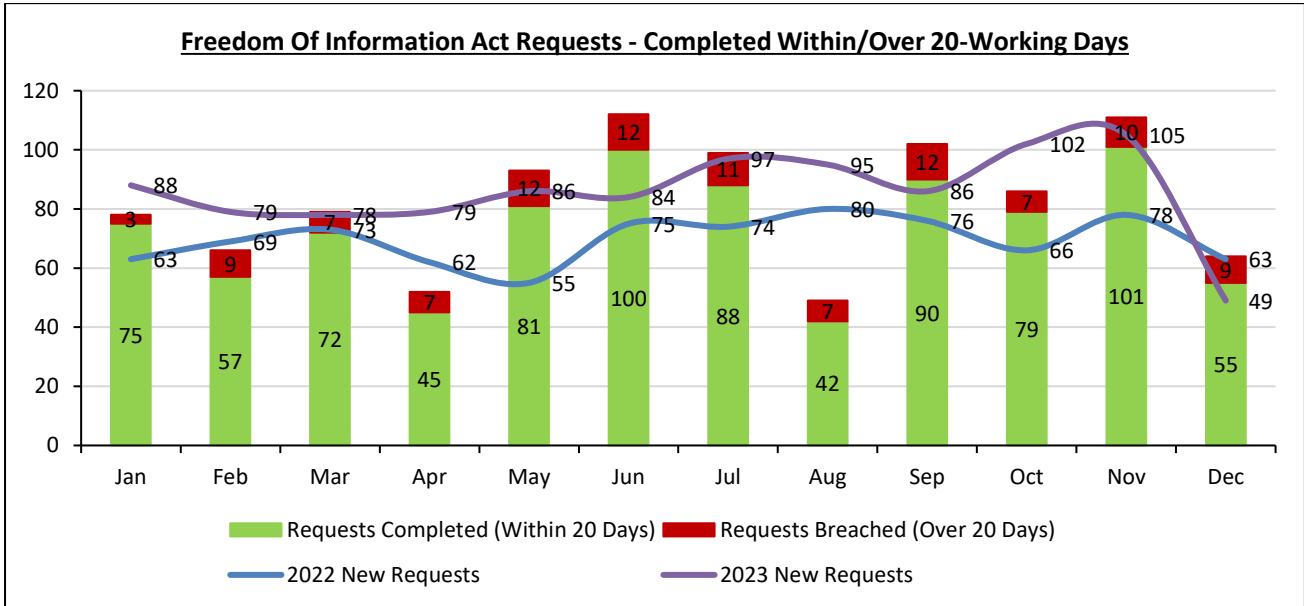
Data Protection Report 2024 (Jan-Mar)

Data Protection Act Requests - Completed Within/Over 1 Calendar Month
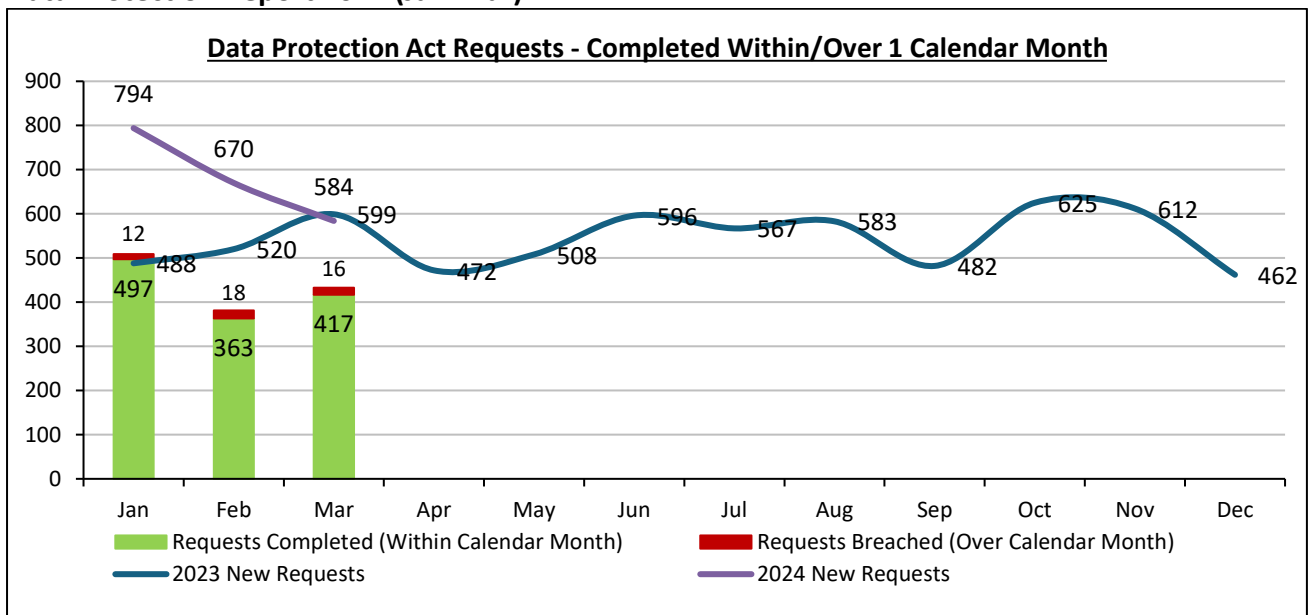
Key Points	• The Team have managed to keep breaches down to between 2-4% in the first quarter. However, the extraordinary **62%** increase of requests in January, **28%** increase in February will result in an increase in breaches in Q2 of this year. • Team is working with the Frimley Excellence team to identify ways to increase the information available to patients in MyFrimleyHealth to reduce the volume of requests received by the Trust.

Freedom of Information Report 2023

Freedom Of Information Act Requests - Completed Within/Over 20-Working Days

Legend:
- Requests Completed (Within 20 Days)
- Requests Breached (Over 20 Days)
- 2022 New Requests
- 2023 New Requests

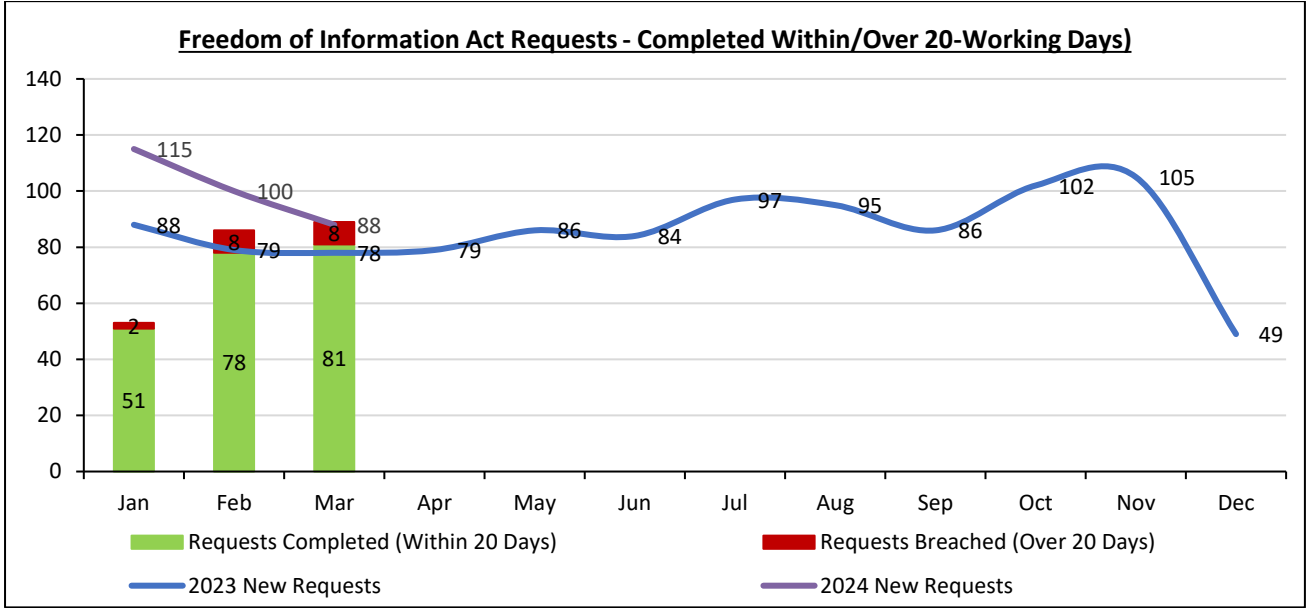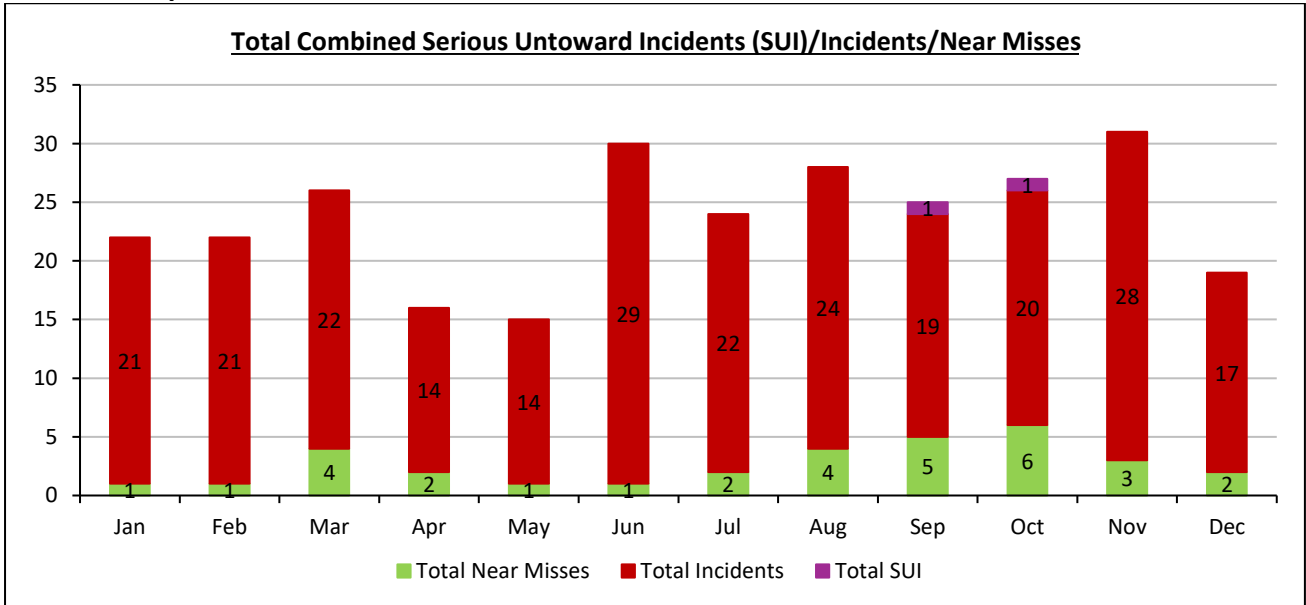|	Key Points
Key Points	Last year there was a 23% increase in FOI requests compared to 2022. 90% of requests were responded to within the legal time limit (20-working days). This remains in line with the Information Commissioners Office (ICO) guidelines of responding to 90% of requests within this time limit. The main reasons for not meeting the 20-working day response time were: • Continued increase in complexity in the information being requested. • Limited engagement from departments due to operational pressures causing delays to responding to requests. • Delays in senior sign-off in the Trust where requests have needed further input. • Lack of centralisation of requested information, making it time consuming to locate. • Issues with Epic reporting has reduced department's ability to obtain or extract information. Action taken: • Reviewed internal operational processes to ensure efficiency is achieved. • Consulted with partner organisations to compare Trust processes and identify areas of good practice which could be used to make Trust processes more efficient.

Freedom of Information Report 2024 (Jan-Mar)

Freedom of Information Act Requests - Completed Within/Over 20-Working Days)

Legend:
- Requests Completed (Within 20 Days)
- Requests Breached (Over 20 Days)
- 2023 New Requests
- 2024 New Requests

Key Points	• Despite a **30%** increase in requests in January and **27%** increase, there has only been a slight increase in breaches.
	• Reasons for breaching is due to the complexity in requests and delays in responding due to operational priorities.
	• The team are working to identify ways in which it can support the Trust to reduce burden of responding to requests.

Incidents Report 2023

Total Combined Serious Untoward Incidents (SUI)/Incidents/Near Misses

Legend:
- Total Near Misses
- Total Incidents
- Total SUI

Key Points		2022 Total	2023 Total	% Change
	SUI	1	2	+ 100%
	Incidents	262	251	- 4.2%
	Near Misses	55	32	- 41.8%

The Trust reported two IG Serious Untoward Incidents (SUIs) which still being investigated by the Information Commissioner's Office.
1. Mix up of maternity records.
2. Inappropriate sharing of a disciplinary statement

There has been a slight decrease in incidents reported from 2022 to 2023. However, the number of incidents logged from January to date are higher than last year.
The top three commonly reported IG incident types were:
1. Patient information disclosed in error, e.g., sent to the wrong address/patient.
2. Unauthorised access, e.g., access own or another record inappropriately (without consent), using other staff logins.
3. Documents uploaded into the wrong patient's record both legacy notes and information in the wrong Epic record.

Actions taken:
- All incidents are fully investigated, and feedback is provided to the departments concerned.
- Any learning identified is communicated across the Trust and incorporated into the annual IG training.

Incidents Report 2024 (Jan-Mar)

Total Combined Serious Untoward Incidents (SUI)/Incidents/Near Misses

Month	Total Near Misses	Total Incidents	Total SUI
Jan	3	20	
Feb	5	24	1
Mar	4	38	

Key Points	• The Trust reported 1 IG SUI in February linking to a MyFrimleyHealth Proxy Request, this was investigated and closed by the regulatory body. • In Q1, the number of incidents and near miss reporting have increased compared to last year by 28%. • Communications have recently been published reminding staff about the importance of reporting incidents and about not accessing their own/relatives records.

Report Title	Annual Review of Committee Terms of Reference
Meeting and Date	Public Board of Directors, 3rd May 2024
Agenda Item	16.
Author and Executive Lead	Hannah Farmhouse, Assistant Company Secretary Victoria Cooper, Acting Company Secretary Caroline Hutton, Interim Chief Executive
Executive Summary	This report presents the Board sub-committee terms of reference (ToR) for Board approval, following their annual review. The Charitable Funds Committee terms of reference were reviewed in March 2024 and no amendments were made. The Finance Investment Committee and People Committee terms of reference were reviewed in April 2024 and amendments made to reflect the change to Executive Director titles and Committee membership. The People Committee terms of reference required further review and amendment and would be presented at the July meeting. The new versions of the ToRs can be found in the Reading Room and will be published on our website. The Audit Committee, Nominations Committee and Performance and Remuneration Committee ToRs are due to be reviewed at the July meeting and in light of the recent change of Committee Chair and Executive lead, the Quality Assurance Committee Terms of Reference review was deferred to the June 2024 meeting.
Action	The Board of Directors is asked to **APPROVE** the revised terms of reference for the Board sub-committees.
Compliance	Trust Constitution and Committee Terms of Reference.

Page **1** of **1**

Report Title	Annual Review of Committee Terms of Reference
Meeting and Date	Public Board of Directors, 3rd May 2024
Agenda Item	16.
Author and Executive Lead	Hannah Farmhouse, Assistant Company Secretary Victoria Cooper, Acting Company Secretary Caroline Hutton, Interim Chief Executive
Executive Summary	This report presents the Board sub-committee terms of reference (ToR) for Board approval, following their annual review. The Charitable Funds Committee terms of reference were reviewed in March 2024 and no amendments were made. The Finance Investment Committee and People Committee terms of reference were reviewed in April 2024 and amendments made to reflect the change to Executive Director titles and Committee membership. The People Committee terms of reference required further review and amendment and would be presented at the July meeting. The new versions of the ToRs can be found in the Reading Room and will be published on our website. The Audit Committee, Nominations Committee and Performance and Remuneration Committee ToRs are due to be reviewed at the July meeting and in light of the recent change of Committee Chair and Executive lead, the Quality Assurance Committee Terms of Reference review was deferred to the June 2024 meeting.
Action	The Board of Directors is asked to **APPROVE** the revised terms of reference for the Board sub-committees.
Compliance	Trust Constitution and Committee Terms of Reference.

Report Title	Charitable Funds Committee Summary Minutes
Meeting and Date	Public Board of Directors, Friday 3rd May 2024
Agenda Item	17.
Author and Committee Chair	Dorota Underwood, Committee Officer John Weaver, Chair of the Charitable Funds Committee
Executive Summary	The attached report briefs the Board on the items discussed at the Charitable Funds Committee meeting held on 11th March 2024. **Charitable Funds Balances Report and Charitable Funds Significant Income & Expenditure** The Committee received the Charitable Funds Report which outlined the details of the individual charitable fund balances. The following was noted: • There were currently 150 active individual charitable funds. • Legacy of £800k was received into General Funds in November 2023. • Governance recharges were now applied quarterly. • Every fund transacted in month due to the recharge of Governance costs. Prior to this, there were 55 funds that made zero transactions in Q3. **Treasury Management Report** The Committee noted the total funds available for deposit and investments made in line with the Charitable Funds Investment Policy. The Committee noted the Santander deposit was recalled and would return into the current account in Q4. The Committee discussed the future treatment of endowment funds and governance arrangements. **Charity Activity Report** The Committee considered the Charity Activity Report and noted: • The Golden Christmas Appeal was a huge success and was boosted by Jingle Jog and merchandise sale. • The lottery continued to expand and the Charity saw growth in corporate and community support. • The impact of art and creative health continued to grow and many inspiring projects were completed across the Trust. • A Senior Supporter Care Officer was recruited at the end of January. • Future plans included developing the legacy marketing strategy to encompass legacy events, digital marketing, corporate partnerships and free will writing services. • A recent major gift would cover a new sensory room on the Wexham Park Children's Ward.

	• As of September 2023, the Charity was running a hybrid system with both inhouse canvassers and the support from an external company.
	Policy Review The Committee reviewed and approved the Treasury Investment Policy and Insurance Policy.
	Fundraising Principles Project Funding The Committee received the Fundraising Principles Project Funding. The proposal was considered at depth.
	The Committee **RECCOMENDED** that the Charitable Trustees **APPROVE** the Fundraising Principles Project Funding.
	Ophthalmology Project The Committee received the Ophthalmology Project for consideration. The Committee **APPROVED** the Ophthalmology Project proposal.
	Review of CFC Terms of Reference and Annual Planner The Committee approved its Terms of Reference and Annual Planner 2024.
Action	The Board is asked to **NOTE** the items of business considered by the Charitable Funds Committee at the March 2024 meeting.
Compliance	Trust Constitution and Charitable Funds Committee terms of reference.

Report Title	Finance Investment Committee Summary Minutes
Meeting and Date	Public Board of Directors, 3rd May 2024
Agenda Item	17.
Author and Executive Lead	Victoria Cooper, Acting Company Secretary John Weaver, Chair of Finance Investment Committee
Executive Summary	This report briefs the Board on the items discussed at the Finance and Investment Committee meetings held on 29th February and 11th April 2024. **29th February** **Financial Plan** The Committee received the draft financial plan update, which included the draft income and expenditure plan, draft activity plan and draft capital plan. The Committee noted that the planning guidance had not yet been issued. The Committee was advised that the full draft planning return was not required to be submitted until 21st March 2024. **11th April** **Month 11 Finance Report** The Committee received the month 11 Finance Report, which reported that at month 11, the Trust was reporting a deficit of £1.9m in month which was £0.5m adverse against plan. The key drivers of the adverse variance were unfunded escalation beds, shortfall in inflation funding and outsourced activity. **Efficiency Update** The Committee received an update on the Trust Efficiency Programme for 2023/24. The Trust remained on track to deliver £33m of efficiencies for 2023/24. As at Month 11 year to date, £30.7m of efficiencies had been delivered, which was £0.5m ahead of plan. **ICB Financial Position** The Committee noted the routine update on the ICB financial position.

	24/25 Financial Plan The Committee received an update on the 2024/25 Financial Plan. **Procurement KPIs** The Procurement KPI report was presented to demonstrate progress against the Model Hospital metrics as required by NHS England, as well as progress against CIPs made by the Procurement Department. The KPIs continued to show that the Model Hospital Metrics were being maintained or improved. The Committee was advised that following the introduction of a new waiver and breach process in November the number of waivers had reduced. It was also noted that the CIP target of 2023/24 had been achieved. **Corporate Risk Register – FIC items** The Committee reviewed the risks assigned to them under the updated Corporate Risk Register (CRR) and agreed that some further updates would be made. **Finance Investment Committee Terms of Reference Review** The Finance and Investment Committee undertook the annual review of its terms of reference and approved some minor amendments.
Action	The Board is asked to **NOTE** the items of business considered by the Finance Investment Committee at the February and April 2024 meetings.
Compliance	Trust Constitution and Finance Investment Committee terms of reference.

Report Title	People Committee Summary Minutes
Meeting and Date	Public Board of Directors, Friday 3rd May 2024
Agenda Item	17.
Author and Committee Chair	Hannah Farmhouse, Assistant Company Secretary Mike Baxter, People Committee Chair
Executive Summary	**Recruitment** The Committee received the Recruitment update, and the following key points were highlighted: • There were 460 vacancies within the Trust, 200 of which were live. • The Trust's Time to Hire was at 50.2 days, whilst the national average was 75 days. • The Talent Acquisition team continued to provide support and had established several streams to improve the overall recruitment process. • The team were reviewing whether the application process could be made more accessible for those with neurodiversity/culturally. • The Trust was trialling new technology and innovation for recruitment. • 19 IENS and 1 EPR analyst were due to land in April 2024. 12 international nurses were due to start employment with the Trust in May. • The team continued to work closely with nursing staff to find more cost-effective ways of hiring in clinical areas. The Committee discussed the declining vacancy rate, the organisation's establishment and capacity in comparison to the model hospital framework. Focus would shift toward improving productivity and rationalising the organisation's rapid growth. There was further discussion around how the Trust measured productivity and how this data was presented at meetings to provide Non-Executive Directors with meaningful assurance. **Retention** The Committee received the Retention report, and the following key points were highlighted:

- The People Promise pilot had come to an end and the Trust was no longer an exemplar site, but would continue to provide support and mentor other sites.
- Regarding the Sexual Safety Charter, the scheme would launch in May. The Trust was working closely with an external organisation, Surviving in Scrubs.
- The team continued to work to embed the Trust's Flexible Working arrangements so that it became business as usual.
- Work continued on the Menopause Programme and there were now 44 trained advocates.
- Financial wellbeing support continued to be developed and a new initiative with Wagestream would launch in June.

Regarding Flexible Working arrangements, it was agreed that it was important to find the right balance to manage staff expectations. It was suggested that flexible working in clinical areas could allow for additional morning and evening outpatient appointments.

Statutory/Mandatory Training and Apprenticeships
The Committee received the Statutory and Mandatory Training (MaST) and Apprenticeships report, and the Committee were advised that the Trust's MaST compliance was stable at around 92%, however there was always room for improvement. Focus would be required around compliance with appraisal rates.

Regarding apprenticeships, it was reported that there was a steady flow, although improvements could be made in some areas. It was important to engage with the local community in anticipation of the international pipeline decreasing.

EDI High Impact Actions
The EDI high impact actions had been incorporated into the FHFT People Plan. A new governance structure had been established, involving local leads from Tris. The EDI Committee would push engagement to a local level. Tris would report back based on local level dashboards.

The Committee discussed accountability of objectives, it was crucial that the EDI actions were embedded in the people ambition to cascade down through the organisation.

National Staff Survey
Benchmarking nationally, in group of 122 Acute and Acute and Community Trusts, the organisation placed in the top 30% for the People Promise areas. The Trust's scores were highly competitive across the ICS and region, the organisation scores across all areas of the People Promise are ahead of the national average scores for all the NHS organisation types.

The most improved questions included staff recommending the organisation as a place to work, staff receiving their appraisal in the past 12 months, and team members meeting to discuss the team's effectiveness.

In alignment with national reporting the organisation would focus attention on tackling discrimination in addition to focusing improvement effort on the People Promise areas of compassionate leadership and 'we are safe and healthy'.

The Committee discussed cross-site variations in results and potential 'pockets' that could be analysed. The HR team would link in with area that had not performed well to support targeted work. It was important to recognise and respect that the organisation was under pressure when making improvement works.

Freedom to Speak Up/Whistleblowing
The Freedom to Speak Up Guardian presented the FTSU Report and the following key points were highlighted:
- The service had developed significantly since its inception.
- Feedback that the FTSU Guardian was receiving was increasing in volume and complexity.
- Further work was required to support and embed the infrastructure of speaking up as business as usual in the organisation.

There was concern that 30-40% of staff did not feel safe to speak up and further assurance was required. Additional resource was required to support the role and work was required to set the tone by training leaders to listen to staff, and move toward a resolution policy with input from the HR subject matters.

Evaluation of Nursing Associate Role
The Committee was presented with the Nursing Associate Evaluation report which explained that the Nursing Associate (NA) role was a generic nursing role that was introduced to help build the capacity of the nursing workforce as part of the multi-disciplinary team. Across the sites there were 26 NAs in training, with 1 on a course interrupt. 17 qualified NAs went onto a Registered Nurse Degree Apprenticeship (RNDA) and registered as nurses. The Committee discussed barriers to increasing the number of NA roles.

Corporate Risk Register
The Committee reviewed the Corporate Risk Register People risks and suggested some amendments.

Review People Terms of Reference
The Committee received the revised People Committee Terms of Reference. Due to time restraints the Committee Chair and Chief People Officer would

	review the Terms of Reference offline, and the revised version would be presented at the next meeting for approval.
Action	The Board is asked to **NOTE** the items of business considered by the People Committee at the April 2024 meeting.
Compliance	Trust Constitution and People Committee terms of reference.

Report Title	**Quality Assurance Committee 15th March 2024 Summary Minutes**
Meeting and Date	Public Board of Directors, Friday 1st May 2024
Agenda Item	17.
Author and Committee Chair	Hannah Farmhouse, Assistant Company Secretary Mike O 'Donovan, Committee Chair
Executive Summary	**Patient Experience Q3** The Committee received the Patient Experience report for Q3 and the following key points were highlighted: - There were 1,621 PALS contacts across the Trust in Q3, which was a 11% decrease year on year. - Key themes included communications, appointment delays and waiting times. - There were 170 formal complaints made during Q3, an 24% increase from Q2, but overall similar year on year. - There were no complaints upheld by the Ombudsman. - Formal complaints for admission and discharge, patient care and communications were notably higher in Q3, particularly for the FPH site. - The team were very focussed on improving complaint response times and to achieve the 85% response target, particularly as the team was now fully staffed. - Performance against the 60-day performance target was 38% in September, however it increased to 81% by October. - The team met regularly with directorates that received high levels of complaints and an escalation process was implemented. - There was a lot of focus on communication and keeping families and friends well informed. - The Committee were also sighted on the Family and Friends Test (FFT) results. It was hoped that the volume of responses would increase when the SMS reminders were re-instated, particularly for ED. The Committee discussed accountability for letters sent out to patients and their families, complaints received through the MyFrimleyHealth Record app and how they were passed onto teams, and the Trust's performance against the 40-day response rate.

There was discussion around the triangulation of feedback and data, and the governance processes in place.

Patient Safety Q3

The Committee received the Patient Safety Report for Q3 and the following key points were highlighted:

- The incident reporting profile demonstrated a 3% increase year on year, and a 13% increase since Q2.
- There were 10 SI's declared Q3, which was a significant reduction from 24 year on year.
- There were no Never Events reported in Q3, however there was one incident in February 2024, which brought the total number of Never Events to 3.
- 2 patient deaths were reviewed as serious incidents.
- There were 4 falls resulting in harm during Q3, including one death. On investigation it was determined that the fall could not have been prevented. This was a slight increase from Q2.
- VTE risk assessment compliance increased from 60% to 90.3%.
- There were 7 category 3 pressure injuries, an increase from 4 reported in Q2, but a steady improvement year on year. It was noted that pressure injuries were a quality priority indicator.
- The soft launch of InPhase in January 2024 had gone well. The full go live was scheduled for April 2024.

The Committee discussed NICE guidelines on sepsis and falls, neutropenic sepsis rates and risks of insulin administration.

Maternity Update

The Committee was presented with the Maternity Patient Safety Report for Q3 and the following points were highlighted:

- There was a slight increase in activity year on year.
- In Q3 the combined perinatal death rate was 4.85 per 1000 births, which was a decrease from Q2, and below the national average.
- There was challenge around risk management of overseas patients who only presented once they were in labour.
- Incident reporting performance was strong. There were 4 MSNI cases reported in Q3, which was an improvement from Q2.
- Following improvement works, the Trust continued on a downward trend for re-admission of babies. There had been a spike on the FPH site, however numbers had reduced from 5.5% to 3.9%.

There was discussion around the impact of ethnicity on patient outcomes and targeted engagement work for the hard-to-reach pockets within the community. A lot of work was ongoing for accessibility needs, interpreters and smoking cessation.

	Mental Health Update In relation to Mental Health, there was significant cost pressure due to agency and bank staffing. The Mental Health Strategy was nearing completion and had been widely circulated for feedback. The Committee discussed the level of resource and barriers to providing care for the Trust. **Infection Prevention Control** The Committee received the Frimley Health and Infection Prevention and Control (IPC) Q3 Report and the following key points were highlighted: - The Trust continued to have one of the lowest rates of hospital-onset CDI nationally, despite exceeding the threshold set for 2023/2024. - The Trust was amongst the highest nationally for E Coli. Bacteraemia, which was linked to catheter care and urinary tract infections (UTIs). Work continued to address this. - The respiratory virus infection season was leading to side-room capacity pressure. - Following studies, the Trust would be one of the first in the country to move away from hand washing and actively encouraging the use of hand sanitizer. The Committee thoroughly discussed the decision to move away from water-based care. **Quality Account Priorities 2024/2025** The Committee was presented with the Quality Account Indicators 2024/2025 which had been widely discussed and scrutinised at different forums including the Care Governance Committee, Patient Experience Forum and Patient Experience and Involvement Group. It was noted that the Council of Governors chose the Shared Decision-Making indicator. The Quality Assurance Committee **APPROVED** the Frimley Health Quality Account Priorities for 2024/2025.
Action	The Board is asked to **NOTE** the items of business considered by the Quality Assurance Committee at the March 2024 meeting.
Compliance	Trust Constitution and Committee terms of reference.

Report Title	Board Registers of Interests
Meeting and Date	Board of Directors, Friday 3rd May 2024
Agenda Item	18.
Author and Executive Lead	Dorota Underwood, Committee Officer Caroline Hutton, Interim Chief Executive Officer
Executive Summary	In accordance with the Trust's constitution the Company Secretary maintains a Register of Interests to formally record declarations of interest made by the Board directors. The Register of Interests is a publicly available document and is published on the Trust's website. Declaration of interests are subject to external audit as part of the annual end of year reporting requirements. Attached to this document are: a) The 2023/24 Board Register of Interests b) Register of Gifts and Hospitality
Action	The Board is asked to **NOTE** the Registers of Interests.
Compliance	Trust Constitution and NHS Managing Conflicts of Interest Guidance

BOARD OF DIRECTORS
ANNUAL REGISTER OF DECLARATIONS OF INTEREST
1 April 2023 – 31 March 2024

Directorships, including non-executive directorships held in private companies or PLCs (with the exception of dormant companies):	Pecuniary interest (majority or controlling shareholding or ownership or part ownership) in organisations likely or possibly seeking to do business with the NHS:	A position of authority in a charity or voluntary organisation in field of health and social care:	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services:	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS Foundation Trust, including but not limited to lenders or banks:	Any other interests:
EXECUTIVE DIRECTORS					
James Clarke, Chief Strategy Officer (Appointed February 2024)					
- Non-Executive Director, Benenden Health					- Volunteer Police Officer, Metropolitan Police
Neil Dardis, Chief Executive Officer (Left March 2024)					
NIL Return					
Nigel Foster, Director of Finance (Left July 2023)					
NIL Return					
Tim Ho, Chief Medical Officer					
					- Private practice, Spire Clare Park and Parkside Suite, Frimley Health - CQC Inspection specialist advisor - Chair of NHSE South-East Elective recovery steering group

					- Member of the GS1 UK Healthcare advisory board.
Caroline Hutton, Chief Operating Officer					
NIL RETURN					
Matt Joint, Chief People Officer					
NIL RETURN					
Kishamer Sidhu, Chief Finance Officer (Appointed August 2023)					
Sidhu Consulting, Director, Jan 2020-Present					
Lorna Wilkinson, Chief of Nursing and Midwifery (Left December 2023)					
					- Member of the GS1 UK Healthcare Advisory Board
Melanie van Limborgh, Chief of Nursing and Midwifery (Appointed January 2024)					
		- Voluntary Nurse, St John's Ambulance			

Directorships, including non-executive directorships held in private companies or PLCs (with the exception of dormant companies):	Pecuniary interest (majority or controlling shareholding or ownership or part ownership) in organisations likely or possibly seeking to do business with the NHS:	A position of authority in a charity or voluntary organisation in field of health and social care:	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services:	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS Foundation Trust, including but not limited to lenders or banks:	Any other interests:
NON-EXECUTIVE DIRECTORS					
Na'eem Ahmed, Associate Non-Executive Director					
- NMM Works Ltd - Improvewell Ltd	- ImproveWell Ltd co-founder	- Selfless - Founder			- Private clinical practice - Clinical Advisor in Health (Ultrasound) Clinical Director Oryon Imaging
Michael Baxter, Non-Executive Director					
- Managing Director/CEO, Endotech Ltd					
Linda Burke, Non-Executive Director					
		- Trustee Medical Justice Charity			- Non-Executive Director, Hillingdon Hospitals NHS Trust -Non-Executive Director Imperial Healthcare
Pooja Dewan, NeXT Director (Left December 2023)					
					- Director, SVP Healthcare Limited 2004- Present - Employed by Citibank

-Non-Executive Director/Independent Member, Aberdeen University -Non-Executive Director, FAC Technology Ltd					
Jackie Westaway, Non-Executive Director					
					- University College of Osteopathy - Bucks New University -Arbor Academy Trust
John Weaver, Non-Executive Director					
		- Trustee, Power of Parenting Charity		- Daughter employed by Laing O'Rourke	

BOARD OF DIRECTORS
BI-ANNUAL REGISTER OF HOSPITALITY & GIFTS
1 April 2023 – 31 March 2024

Description of Gift/Hospitality	Date Received	Received from: (name of host/organisation)	Estimated Value (£)	Accepted Yes/no	Reason for Gift/Hospitality	Comments (e.g., if gifts shared with other staff/passed to fund raising team for raffle etc.)
EXECUTIVE DIRECTORS						
James Clarke, Chief Strategy Officer (Appointed February 2024)						
None	N/A	N/A	N/A	N/A	N/A	N/A
Neil Dardis, Chief Executive (left March 2024)						
Taken to international cricket	27 July 2023	Gareth Elwin Morgan Law	£100	Social	I paid for the price of the ticket	Ty Long/Bryan Ingleby
Nigel Foster, Director of Finance (left July 2023)						
None	N/A	N/A	N/A	N/A	N/A	N/A
Caroline Hutton, Chief Operating Officer						
None	N/A	N/A	N/A	N/A	N/A	N/A
Timothy Ho, Chief Medical Officer						
N/A	N/A	N/A	N/A	N/A		
Matt Joint, Chief People Officer						
None	N/A	N/A	N/A	N/A	N/A	N/A
Kishamer Sidhu, Chief Finance Officer (Appointed August 2023)						
None	N/A	N/A	N/A	N/A	N/A	N/A
Melanie Van Limborgh, Chief of Nursing and Midwifery (Appointed January 2024)						
None	N/A	N/A	N/A	N/A	N/A	N/A
Lorna Wilkinson, Chief of Nursing and Midwifery (left December 2023)						
None	N/A	N/A	N/A	N/A	N/A	N/A

Description of Gift/Hospitality	Date Received	Received from: (name of host/organisation)	Estimated Value (£)	Accepted Yes/no	Reason for Gift/Hospitality	Comments (e.g., if gifts shared with other staff/passed to fund raising team for raffle etc.)
NON-EXECUTIVE DIRECTORS						
Na'eem Ahmed, Associate Non-Executive Director						
None	N/A	N/A	N/A	N/A	N/A	N/A
Mike Baxter, Non-Executive Director						
None	N/A	N/A	N/A	N/A	N/A	N/A
Linda Burke, Non-Executive Director						
None	None	None	None	None		
Pooja Dewan, NExT Director (left December 2023)						
None	None	None	None	None	None	None
Bryan Ingleby, Chair						
None	N/A	N/A	N/A	N/A	N/A	N/A
Dawn Kenson, Non-Executive Director (Senior Independent Director) (left March 2024)						
None	N/A	N/A	N/A	N/A	N/A	N/A
Gary McRae, Non-Executive Director						
None	N/A	N/A	N/A	N/A	N/A	N/A
Mike O'Donovan, Non-Executive Director (left March 2024)						
None	N/A	N/A	N/A	N/A	N/A	N/A
John Weaver, Non-Executive Director						
None	N/A	N/A	N/A	N/A	N/A	N/A
Jackie Westaway, Non-Executive Director						
None	N/A	N/A	N/A	N/A	N/A	N/A

Report Title	**Annual Board Cycle of Business**
Meeting and Date	Public Board of Directors, 3rd May 2024
Agenda Item	19.
Author and Executive Lead	Victoria Cooper, Acting Company Secretary Bryan Ingleby, Trust Chair
Executive Summary	The Board's annual cycle of business is reviewed annually against the NHS statutory and regulatory requirements for public boards. Attached is the updated 2024/25 board planner and timetable which is aligned with the board committee planners to ensure the timely reporting of committee reports to the FHFT Board.
Action	The Board is asked to **NOTE** the 2024/25 Annual Board Cycle of Business.
Compliance	Trust Constitution and Board Effectiveness

Public Board of Directors Cycle of Business 2024/25

Agenda Item	Lead	2024									2025		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Board Meeting Date			3rd		5th		6th		1st		10th		7th
Board Assurance and Risk Management													
Board Assurance Framework	Chief Executive				X				X				X
Corporate Risk Register	Chief of Nursing and Midwifery		X				X				X		
Risk Appetite Annual Review/ Risk Strategy Approval	Company Secretary				X								
Corporate Governance													
Board of Directors Annual Cycle of Business	Company Secretary		X										
Board of Directors Annual Evaluation	Company Secretary												X
Board of Directors Register of Interests/Gifts	Company Secretary		X										
Committee Terms of Reference	Committee Chairs		X										
Constitution/Scheme of Decisions/Standing Orders	Company Secretary	Approval as required											
Emergency Planning Resilience and Response	Chief Operating Officer												X
NHS Submissions/ Policy Approvals	Company Secretary	Approval as required											
Senior Information Risk Owner Annual Report	Chief Finance Officer		X										
Use of the Trust Seal	Company Secretary						X						X

Agenda Item	Lead	2024									2025		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Finance and Performance													
Business Cases/Expenditure	Chief Finance Officer	Expenditure approvals as required											
Annual Financial Plan	Chief Finance Officer		X										
Finance Report	Chief Finance Officer		X		X		X		X		X		X
Standing Financial Instructions	Chief Finance Officer				X								
Performance Report	All Executives		X		X		X		X		X		X
Forward Plans and Strategy													
Chief Executive's Report	Chief Executive		X		X		X		X		X		X
Operating plan	Chief Strategy Officer		X										
Annual Plan and Corporate Objectives: mid-year review	Chief Strategy Officer								X				
Corporate Objectives: End of year review	All Executives												X
People													
Annual Staff Survey Results	Chief People Officer		X										
Freedom to Speak Up Report (bi-annual)	Chief People Officer		X						X				
Employment Equality Compliance (WRES)	Chief People Officer						X						
Health and Safety Report	Chief People Officer				X								
Quality and Patient Safety													
Guardian of Safe Working Hours Annual Report	Chief Medical Officer				X								
Infection Control (DIPC) Annual Report	Chief of Nursing and Midwifery				X								
Maternity CNST Declaration (as required)	Chief of Nursing and Midwifery										X		
Mortality Review (Annual) Learning from Deaths	Chief Medical Officer				X								

Agenda Item	Lead	2024									2025		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
External Quality Reports as Required	Chief of Nursing and Midwifery												
Patient Experience Report	Chief of Nursing and Midwifery						X						
Quality Priorities	Chief of Nursing and Midwifery												X
Responsible Officer's Annual Report (GMC Revalidation)	Chief Medical Officer						X						
Adult and Children Safeguarding Report	Chief of Nursing and Midwifery								X				
Safe Staffing (nursing and HR elements)	Chief of Nursing and Midwifery				X						X		
Vaccination Report	Chief of Nursing and Midwifery										X		
Winter Plan	Chief Operating Officer								X				
Special Items as Required													
Annual Report	Company Secretary/Chief Finance Officer												
Quality Account	Chief of Nursing & Midwifery												
Capital Resource Plan	Chief Finance Officer												
Joint Forward Plan (with ICB)	Chief Strategy Officer												
ICS Infrastructure Strategy	Chief Strategy Officer												
Standing Agenda Items													
Welcome and Apologies	Trust Chair		X		X		X		X		X		X
Declaration of Interests	Trust Chair		X		X		X		X		X		X
Values into Practice Awards	Chief Executive		X		X		X		X		X		X
Patient Story	Chief of Nursing and Midwifery		X		X		X		X		X		X
Ward to Board Presentation	Chief of Nursing and Midwifery		X		X		X		X		X		X
Minutes and Action Log	Trust Chair		X		X		X		X		X		X

			X		X		X		X		X		X
Committee Minute Summaries	Committee Chairs		X		X		X		X		X		X
Public Questions	Trust Chair		X		X		X		X		X		X