

BOARD OF DIRECTORS
Meeting in Public

Friday, 3rd March 2017, 10.40am to 1.30pm
 Venue: Large Meeting Room, Forest Lodge, Heatherwood Hospital

A G E N D A

Time	Agenda Item	Paper	Action	Lead
10.40	1. Welcome and Apologies for Absence		-	Chairman
	2. Declarations of Interest	Oral	-	Chairman
	3. Minutes of the Previous Public Board Meeting held on 3rd February 2017	Attached	For Approval	Chairman
	4. Action Log from Previous Meeting	Attached	To Action	Chairman
QUALITY				
10:45	5. Ward to Board FPH and WPH ITUs Philip Barnardo, Chief of Service Pamela Morrison, Head of Nursing, FPH Susan Harrison, Head of Nursing, WPH Diane Dodsworth, Clinical Matron, FPH Jonathan Bryant, Clinical Matron, WPH	Attached	For Information	Director of Nursing & Quality
11:15	6. Chief Executive's Report and Quality & Performance Report	Attached	For Assurance	Chief Executive & Executive Directors
11:40	7. Quality Improvement Plan	Attached	For Approval	Medical Director
FINANCE & PERFORMANCE				
11:50	8. Finance Report - Month 10	Attached	For Assurance	Director of Finance & Strategy
12:00	9. CIP Update 2016/17	Attached	For Assurance	Directors of Operations
GOVERNANCE AND COMPLIANCE				
12:10	10. Corporate Risk Assurance Framework	Attached	For Assurance	Chief Executive
12:20	11. Board Sub-Committees Terms of Reference	Attached	For Review	Chairman and Sub-Committee Chairs
12:30	12. Board Effectiveness	Attached	For Approval	Chairman
12:40	13. Nurse Staffing Update	Attached	For Assurance	Director of Nursing & Quality
12:50	14. Trust Recruitment Report	Attached	For Assurance	Director of HR & Corporate Services

Time	Agenda Item	Paper	Action	Lead
13:00	15. Board Sub-Committee Summaries & Recommendations			
	15.1 Finance Assurance Committee, 22nd February 2017	Attached	For information	Rob Pike
	15.2 Charitable Funds Committee, 24th February 2017	Attached	For Information	Mike O'Donovan
OTHER BUSINESS				
13:10	16. Any Other Business	Oral	-	All
13:15	17. Meeting Review	Oral	-	All
13:20	18. Questions from Members of the Public		-	
13:30	19. Date of Next Meeting; Friday, 7 th April 2017, Pinewood Hotel, Wexham		-	

NB: An 'Acronym Buster' has been included at the end of the Public Board papers pack.

BOARD OF DIRECTORS MEETING IN PUBLIC
Friday 3rd February 2017, 10:40 – 13:15
Venue: Board Room, Admin Block, Frimley Park Hospital

MINUTES OF MEETING

- Present:**
- Pradip Patel (PP) Chairman
 - Dawn Kenson (DK) Non-Executive Director
 - Mike O’Donovan (MOD) Non-Executive Director
 - Rob Pike (RP) Non-Executive Director
 - Thoreya Swage (TS) Non-Executive Director
 - Andrew Prince (AP) Non-Executive Director
 - Mark Escolme (ME) Non-Executive Director
 - Andrew Morris (AVM) Chief Executive
 - Tim Ho (TH) Medical Director
 - Janet King (JK) Director of HR & Corporate Services
 - Nicola Ranger (NR) Director of Nursing & Quality
 - Helen Coe (HC) Director of Operations
 - Lisa Glynn (LG) Director of Operations
 - Martin Sykes (MS) Director of Finance and Strategy
- In Attendance:**
- Susanne Nelson-Wehrmeyer (SNW) Company Secretary
 - Kevin Jacob (KJ) Assistant Company Secretary (minutes)
 - Annmarie Lawson (AL) Clinical Matron – Orthopaedics
 - Fiona Mason (FM) Clinical Matron – Orthopaedics & Plastics
 - Col Peter Hill (PH) Chief of Service
 - Lucy Hetherington (LH) Associate Director, Trauma & Orthopaedics
 - Alison Stevens (AS) Head of Nursing, Trauma and Orthopaedic Surgical Services

1.	Welcome, Introduction and Apologies for Absence	
a.	PP welcomed everyone to the meeting.	
b.	There were no apologies for absence.	
2.	Declarations of Interest	
a.	There were no declarations of interest.	
3.	Minutes of the Previous Meeting held on 6th January 2017	
a.	The Board APPROVED the minutes as an accurate record.	
4.	Action Log from the Previous Meeting	
a.	<i>7 October 2016 - 18. Monitor Board Declarations</i> Circulate new template Monitor Board Declarations when received for Board approval. Martin Sykes. The system had changed and this action can now be closed down.	
b.	<i>6 January 2017 – 9.a CIP Update</i> The full position for 2017/2018 to be presented. This was still work in progress, but an update had been presented to the private meeting. Action closed.	

5.	Ward to Board	
a.	<p>PP asked the Board to introduce themselves and welcomed the team from Frimley Health Foundation Trust Orthopaedic Wards;</p> <p>Annmarie Lawson (AL) Clinical Matron - Frimley Park F4, F5 & F6 Fiona Mason (FM) Clinical Matron - Wexham Park WX1 & Heatherwood HWD 1 Alison Stevens (AS) Head of Nursing Col Peter Hill (PH) Chief of Service Lucy Hetherington (LH) Associate Director</p>	
b.	<p>AL stated that she was proud to be the Clinical Matron of F4, F5 & F6. Everyone on the ward worked extremely hard to deliver high quality, patient focussed care and worked well with partners in different services such as patient drivers and bed managers.</p>	
c.	<p>FM stated there was a high degree of cross site working, mutual support and coordination between the Frimley Park and Wexham Park orthopaedic wards. Patients were the ultimate focus and on the whole a very high quality of care was delivered. She added the following key points:</p>	
	<ul style="list-style-type: none"> • The team was working strongly towards improved infection control at Wexham, but had been disappointed at times with past performance. A new senior band 7 member of staff had been appointed to work with the band 6 nursing team in this area to bring a focus on infection control and the Infection Control Team were fully supporting this work; • Infection Control hand hygiene audits were undertaken twice weekly and all staff were encouraged to challenge incidences of suboptimal infection control in a respectful, but confident way. 	
d.	<p>AL stated that a key focus was to ensure that the wards were a safe environment for patients and that they had been fortunate to be able to recruit to assist this. Some of the wards dealt with elderly patients suffering from trauma requiring one to one 24 hour care to prevent incidents such as falls.</p>	
e.	<p>With regard to recruitment, retention and staff development, FM commented that:</p>	
	<ul style="list-style-type: none"> • Historically it had been difficult to recruit to posts at Wexham, but this had improved following the establishment of Frimley Health. There had been a reduction in vacancies from 18 to 10 full time equivalents. The situation was stable at Heatherwood Hospital; • Band 7 nursing staff worked alongside and supported new starters. There was a high degree of commitment from staff and education was a key focus; • The Trust and orthopaedic wards were working with the University of West London to provide appropriate courses for staff. Two Advanced Nurse Practitioners were undertaking master's degrees. 	
f.	<p>FM stated that in anticipation of what the position should be in the future, staff education and development would be a focus along with ways to reduce the number of complaints.</p>	
g.	<p>AL stated that following on from Friends and Family Test (FFT) feedback, staff were working hard to reduce noise on the wards at night. This was not an easy problem to solve given the nature of the environmental issues and the confused condition of many patients, but steps had been taken such as the issuing of ear plugs.</p>	

<p>h.</p>	<p>FM stated that the FFT feedback from Wexham and Heatherwood Hospitals was good although the proportion of returned surveys had been disappointing so there would be renewed focus on completion. In respect of disturbance to patients during the night measures had been put in place such as dimming the lights and the provision of silently closing bins.</p>	
<p>i.</p>	<p>Referring to high level of mutual support between the wards and across sites, both AL and FM commented that this had been particularly important when they had both personally faced periods of adversity in the last couple of years. AS paid tribute to AL and FM for their high degree of commitment to the organisation and patient care and to the former chief of service Andrew Perry.</p>	
<p>j.</p>	<p>At this point PP thanked the team for an excellent presentation and opened it up for questions from the board.</p>	
<p>k.</p>	<p>RP commented that he had visited the wards as part of quality assurance walkabouts and he considered the care provided was outstanding. With regard to F4 ward he asked why the number of untrained vacancies had increased from 2.1 to 10 between October and November 2016. AS clarified that this was because of remodelling of the full time equivalents required and the addition of new posts.</p>	
<p>l.</p>	<p>MOD asked how learning from Serious Incidents was taken forward and embedded within the wards. AL responded and gave an example of the action taken following a level three pressure ulcer incident. This had involved a review and greater focus on risk assessment. A member of staff who had been given support and education arising from the incident was now helping to share the lessons learnt to other professionals which was extremely positive and demonstrated effective reflection.</p>	
<p>m.</p>	<p>FM provided an example of improvements to the patient discharge process and improvements following issues with the internal fax policy. As a result ward clerks now played a more significant role. FM also referred to improvements in cultural awareness and sensitivity in light of an incident where a Sikh patient had had his beard shaved. The lessons from the incident had been shared and embedded amongst the team. AS provided an example of lessons learnt in relation to the use of pain blocks at Wexham and the development of action plan.</p>	
<p>n.</p>	<p>ME referred to the lower scores for hand hygiene on the Wexham and Heatherwood ward. FM responded that further improvements to hand hygiene was a key focus. It was important for consultants to show compliance in this area as they acted as role models for other medical members of staff. Scores had improved, but the importance of hand hygiene and a cultural change was constantly reinforced to all staff including porters.</p>	
<p>o.</p>	<p>DK referred to the budgetary information within the pack and queried why there had been an overspend on Wexham Ward 1. FM responded that this had followed from the addition of eight beds to the ward. She set out how use of bank staff was authorised by the Associate Director and Head of Nursing to limit spend, but that it had been necessary to spend on agency staff in order to meet minimum number for safe staffing.</p>	
<p>p.</p>	<p>JK asked whether staff had any comments or feedback on the new food provision for patients on the Wexham and Heatherwood sites following the transfer of provision to in-house from 1st February. FM indicated that she was not aware of any feedback to date.</p>	
<p>q.</p>	<p>PP summarised the main aspects of the discussion and thanked the team for all they had done asking that they take the Board's thanks back to the staff. He highlighted that:</p> <ul style="list-style-type: none"> • The relevance and important of the care provided by the orthopaedic wards would 	

	<p>only increase in light of the ageing population.</p> <ul style="list-style-type: none"> • There was a focus on delivery of high quality care within the teams and a focus on patients and people. • The focus on education and training • The focus on addressing issues that needed to be better such as Infection Control • The good team work across wards and across sites • This was a great example of a team that worked together to give the very best care and experience to their patients. 	
<p>6.</p> <p>a.</p> <p>b.</p>	<p>Chief Executives Report and Quality & Performance</p> <p>AVM presented the Chief Executive’s and Quality and Performance report as set out in the Agenda highlighting the key points as set out below;</p> <p><u>Performance</u></p> <ul style="list-style-type: none"> • Once again performance against key standards continued to be strong except for four hours where the challenges continued to be significant. For December the compliance was 88.7% against the standard of 95% which was around 6% better than the England average. Some Trusts were achieving as low as 60% compliance. • Year to date four hour performance was 92.4%. The main reason for the decline in compliance has been the high acuity patients presenting over the Christmas period along with a delay in getting medically fit patients out of hospital. The key point was that if it was not possible to get good patient flow through any hospital it would become gridlocked as a result; • Performance for four hours in January was likely to be around 86% given the very challenging start to the New Year. Activity Trust wide was still increasing; GP referrals were up 6% along with an 8% increase in Emergency admissions and a 4% increase in elective procedures year to date which placed pressures on capacity. • The challenges facing accident and emergency departments across the country had featured heavily in the media, but there had not been a significant response to date by the Secretary of State or Prime Minister; • The Secretary of State had announced that there is likely to be a review of the 4hr standard with a stronger emphasis on the sicker patients being seen in a timely way. For critical conditions such as stroke, heart attacks and acute sepsis there is likely to be an expectation that treatment should commence within 60 to 120 minutes of arrival. Most Trusts are struggling to deliver the standard and so the emphasis should be on ensuring that the very sick were always fast tracked through; • The Trust has assumed an 80% delivery rate on all the CQUINs the value of which was £13 million and with the £1 million penalty for not achieving the flu vaccine and difficulties with compliance on the antimicrobial stewardship and AKI. <p><u>Finance</u></p> <ul style="list-style-type: none"> • In November the Trust had not achieved plan, but had since recovered the position at the end of Qtr. 3 which would attract a further £4 million installment of the Strategic Transformation Fund money, (STF). Every effort will be made to deliver the STF for Quarter 4. There is the potential to achieve the £21 million; however with the penalties that applied for non-delivery of the 4hr standard, the maximum that could be achieved was approximately £19 million. However, this was still potentially a good result if the plan in Q4 is achieved. The STF money would improve cash holding which could potentially be deployed to fund some of the new building stock developments in the capital plan. • Agency spend was still a concern particularly around the costs incurred to cover 	

<p>c.</p>	<p>medical staffing gaps. Expenditure on the Frimley site spiked in December and every effort was being made to reduce the reliance on locums. The Trust had been set a target by NHSI to spend no more than £23 million on agency staff. The expenditure is likely to outturn £31 million.</p> <ul style="list-style-type: none"> • The rating by NHSI for finance for Q3 is likely to remain at 1 (which is the best). However, if the agency spend was 50% more than target the finance rating would most likely slip to a rating of two or even three. 	
<p>d.</p>	<p><u>IM&T Update</u></p> <p>On the 30th January the Trust commenced the roll out of the Electronic Data Management System which would provide a digital medical record for each patient. Early indications from the pilot areas were that the roll out had gone reasonably well to date.</p>	
<p>e.</p>	<p><u>Wexham Park – New Emergency Department</u></p> <p>The business case for the new ED has been submitted to NHSI and the Department of Health for approval. It was hoped approval would be secured by end of March.</p>	
<p>f.</p>	<p><u>Heatherwood Hospital</u></p> <p>The planning application was submitted in October for the new Hospital at Heatherwood and the Trust was awaiting a date when the application would be considered by the Local Authority Planning Committee. It had been hoped that this would take place in January, but it was now not expected that a decision would be taken before March 2017 and following this the business case and loan would need approval by NHS Improvement. The delay was a concern because of the mounting pressure on NHS capital funding but it was hoped that the scheme would still be supported given that this was a key element of the funding package agreed as part of the Trust merger. However, if permission was not granted it was likely that activity on the site would be wound down and transferred to the Wexham and Frimley sites with outpatient services remaining on the site.</p>	
<p>g.</p>	<p>In conclusion, AVM summarised that although the A&E four target was extremely challenging the Trust was doing well in comparison to many other Trusts. The target of 95% would be difficult to achieve and a 90% level of performance was more likely. Due to these pressures the Trust was continuing to lobby local authorities to do all they could to reduce social care related delayed discharges. The Trust had received good support from local authorities and it was also important to recognise that there would be cuts to social care funding in the next financial year of between £30-£43 million. AVM considered the situation was unacceptable and warranted nationally attention.</p>	
<p>h.</p>	<p>AP agreed with AVM’s comments regarding social care funding, but sought reassurance that the Trust was doing all it could do to facilitate discharges. AVM responded that the Trust was doing everything that could be done within its own control. By way of example he referred to an outlier example of patients who were medically fit to be discharged but were not because a care package could not be agreed with them or their carers. Within the NHS, there were examples of patients being in this position for six months during which time they lost dignity and self-respect. AP asked whether in some cases it was reasonable to decline a package of care and suggested that the NHS might be being overly lenient in considering these extreme cases. NR commented that in such cases there were few options open to Trust other than to evict the patient through a legal process.</p>	
	<p>DK referred to the possibility of the Trust being downgraded to a NHS Improvement finance rating of two and what would the consequences of this be? MS responded that currently the Trust was rated within segment 1. There was not yet transparency around</p>	

<p>i.</p> <p>j.</p> <p>k.</p> <p>l.</p> <p>m.</p> <p>n.</p>	<p>how a finance rating of 2 would affect this. It was possible that support which would normally be optional would become mandated and the level of NHS Improvement oversight and involvement would increase significantly.</p> <p>RP asked how the caps on agency spend imposed by NHS Improvement had been determined and whether there had been any recognition within the figure of local factors such as high employment costs. MS responded that his understanding was that the target was arbitrarily set at the time and based on the then level of spend minus a percentage reduction.</p> <p>RP asked a question relating to cyber security and email phishing attacks and if concerns around this expressed by the Audit Committee had been appropriately considered. MS responded that the Trust’s IMT department were considering the risk from such attacks and there had been investment to mitigate against such attacks as part the Vanguard project.</p> <p>A short discussion took place regarding the control of agency spending and the agency cap with MOD and RP asking detailed questions. It was noted that measures were being put in place to limit and control agency spend as much as possible, but that there were occasions where it was necessary to put in place agency provision quickly in order to meet safe staffing requirements. JK indicated that she had looked at what other Trusts were doing and it was noted that there were some local trusts reporting lower levels of agency spend.</p> <p>MOD queried the decision by some trusts to operate more stringent controls with regard to agency spend and what the consequences might be from a lower level of agency spend. AVM commented that in terms of A&E, the sickness of the patients required sufficient doctors and if there was insufficient provision the level of breaches against the four hour standard would be higher. There was a trade-off to consider between cost vs length of time of patients to be seen, patient experience and patient safety and the Trust had made the decision that seeking to meet the four hour target as much as possible was the correct course of action even though this had an adverse impact on agency spend.</p> <p>TS referred to recent media coverage regarding the possibility that the Secretary of State was considering changes to the four hour standard target. AVM commented that he felt that the four hour standard would remain although it might be finessed.</p> <p>In summary, PP commented that:</p> <ul style="list-style-type: none"> • The NHS as a system both within the Trust and nationally was under real pressure, stress and strain; • There was real stress on people; • The effort and commitment being demonstrated by all of the Trust’s staff made him really proud of the NHS and staff were doing their absolute best for patients. This was a real team effort. <p>The Board noted the report.</p>	
<p>7.</p> <p>a.</p>	<p>Quality Improvement Plan, (QIP)</p> <p>TH introduced the Quality Improvement Plan for November 2016 as set out in the Agenda. The following points were highlighted:</p> <ul style="list-style-type: none"> • Red- CT Scanner for Wexham, but new build construction scheduled to start 6th February 2017; • Amber – EDMS project pilot in ENT had started and although there had been some 	

<p>b.</p>	<p>teething issues the pilot was going reasonably well;</p> <ul style="list-style-type: none"> • Red- Sepsis. An agreement had been in place for several months for use of a sepsis tool; • Amber – New Entry on the QIP re Emergency Readmissions. All specialities to review their data analysis and coding for readmissions to better understand their current position; • Amber – New Entry on the QIP re Seven Day Services. Action to ensure that all specialities meet the four clinical standards required as ‘must do’ by 2020 in terms of providing a seven day service. <p>MOD asked NR about progress made by the strategic trust wide discharge group. NR responded that a lot of work had taken place around developing a bundle of measures to improve discharge planning. These measures were to be discussed initially on the Wexham site on the week commencing 6th February and then shared with the Frimley site. The aim was to put in place local discharge groups and to continue to share any learning across all the Trust’s sites.</p> <p>The Board noted the report.</p>	
<p>8. a.</p>	<p>Finance Report – Month 9</p> <p>MS reported on the Month 9 finance report and highlighted the following:</p> <ul style="list-style-type: none"> • The Trust was £700,000 underspent for the month which was a £800,000 favourable movement against plan; • Strategic Transformation Funding, (STF) for Quarter 3 had been achieved; • Clinical Income was ahead of plan by £1.4 million; • The underlying position remained at significant risk due to the adverse relationship between activity and income and associated costs; • Agency costs were £2.6 million up from Month 8 which had been impacted by the incorporation of the Royal Berkshire Hospital, (RBH) and Wexham Park into the Pathology Partnership. Costs were divided equally within the partnership, but had been brought in within one month. • With respect to CIP, MS commented that he was more comfortable with Month 9 progress than in Month 8. A risk to the delivery of the CIP was the result of pressure on the Emergency Department which had a knock on effect to elective work. <p>The Board noted the report.</p>	
<p>9. a. b. c.</p>	<p>Cost Improvement Programme (CIP) Update</p> <p>HC reported on the CIP and highlighted the following:</p> <ul style="list-style-type: none"> • At Month 9, the Trust had delivered 115% (£1.98 million) of the total planned position set out in the CIP Programme; • Year to date, the Trust had achieved 90% (£14.68 million) of the total planned position of £16.23 million – a variance of £1.55 million <p>MOD commented that overspend on non-pay items was the biggest area of slippage and asked for thoughts on this. MS responded that this related to the high costs of some medicines. Part of these costs could be recovered nationally and therefore the level of risk was slightly lower than might otherwise have been the case.</p> <p>DK referred to the position on pay in the current financial year in contrast to the previous financial year. MS responded that action to recover waiting list performance had been taken into account and a lot work done to prevent a spike in pay costs.</p>	

<p>d.</p> <p>e.</p> <p>f.</p>	<p>ME referred to the capital to revenue transfer. MS responded that this was an issue for 2017/2018. Assumptions had been made around Strategic Transformation Fund income and the capital programme. Work was on going to understand the impact of not meeting targets, for instance whether the capital programme would continue to be achievable.</p> <p>DK asked about progress in meeting the Agency Staff cap. AVM responded that the Trust was getting closer to the cap of £23 million. Reductions in nursing agency spend had gone well, but controlling medical staff agency spend had not gone so well. There was a national shortage of doctors, particularly within accident and emergency.</p> <p>PP commented that the report set out a positive position and the Trust had done well to close Month 9 so close to the CIP target.</p> <p>The Board noted the report.</p>	
<p>10.</p> <p>a.</p>	<p>Corporate Risk Assurance Framework</p> <p>The Board considered the Corporate Risk Assurance Framework report for January 2017 which set out the high level risks and movements of the Trust and actions. It was noted that the report was going to be reviewed and remodelled.</p> <p>The Board noted the report.</p>	
<p>11.</p> <p>a.</p>	<p>Senior Information Risk Owner (SIRO) 2017 Report</p> <p>MS introduced the quarterly SIRO report as set out in the Agenda. He highlighted the following points:</p> <ul style="list-style-type: none"> • The Trust auditors had audited 10 requirements of the Information Governance toolkit submission and had raised no concerns in what had been a positive audit report; • Freedom of Information, (FOI) requests were continuing to increase in numbers and complexity and impacted on the time to produce an answer; • Take up of Information Governance refresher training was continuing to show a positive upward trend at 66%, but it remained a challenge to meet the target of 95%. IMT issues had initially affected performance on the Wexham Park site, but these were now resolved; • Take up of Information Governance Training amongst new starters had not met the 100% target; • The rate of Information Governance incidents was matching expected levels. Trends identified included patients receiving incorrect information and emails sent insecurely. <p>The Board noted the report.</p>	
<p>12.</p> <p>a.</p>	<p>Frimley Health Complaints and Patient Advice and Liaison Service Half-Year Report 2016/2017</p> <p>NR introduced the report as set out in the Agenda which outlined the highlights from formal complaints and Patient Advice and Liaison Service, (PALs) contacts for the first half of 2016/2017. The following areas were brought to the Board’s attention.</p> <ul style="list-style-type: none"> • Complaints about general medicine outpatients was the largest type of complaint at the Frimley Park Hospital, (FPH) site which had seen a significant increase in complaints; 	

	<ul style="list-style-type: none"> • The number of complaints on the Heatherwood and Wexham Park Hospitals, (HWPH) site had remained stable; • The main contributory factor in complaints was inadequate communication with patients and friends and family; • The PALS service had seen a significant increase in the number of contacts on all sites. This had required the reallocation of some staff resource from the complaints area, but was positive in that it presented an opportunity to resolve issues in real time, often whilst a patient was still in hospital; • A full team complement had now been recruited on all sites and staff had the necessary skills to undertake what was a challenging and sensitive role; • The increase in the number of complaints had made it difficult to meet the target response rate of 25 days, but focus was given to the importance of thorough complaint investigation and resolution rather than speed of response; • Four complaints had been referred to the Parliamentary Health Service Ombudsman, (PHSO) from the FPH site in the first half of the year. HWPH had no new complaints in the first half of the year, but had a number of historical cases. <p>b. MOD referred to the focus on the achievement of higher quality complaint responses rather than the speed of response and asked whether NR thought the balance was correct given that the target of 25 days for a response was not being met in a lot of cases. NR responded that she had mixed views on where the balance lay. Whilst it was important to get the response to a complaint right it was also important to continue to strive to meet the 25 day target. She emphasised that although a complaint might not be responded to within 25 days this did not mean that no contact was taking place with the complainant as discussions would be taking place in the meantime.</p> <p>c. MOD asked whether additional staffing would help to achieve the complaint response target. NR referred to the reallocation of some staff resources to the PALS area. NR observed that in general addressing complaints and contacts was becoming labour intensive and that often follow up work was required to answer additional questions even where face to face meetings had taken place. In addition, complaints and contact might involve other organisations involved in a patients care pathway, for example GP services. The quality of the written response to the complaint was very important.</p> <p>d. TS asked how general themes from the complaints were identified so that learning could be applied to avoid repetition. NR responded that complaints and contact reports were considered by the Patient Experience Committee. Patient complaints meetings were also held to allow for a more forensic approach to considering the complaints.</p> <p>e. AVM commented that whilst it was important to not be complacent and learn lessons, it was also important to take into consideration and not lose sight of the fact that the number of complaints was low in comparison to the number of patients seen every day.</p> <p>f. PP referred to a visit he had undertaken to the Frimley PALS and complaints service. He commented that the visit had underlined to him the complexity and difficulty in responding diligently to complaints and how delays in responses from other partners could impact on the time taken to respond to a complaint. He commented that the level of complaints was running at .07% of activity across the Trust and was within the target expected. The number of complaints was trending downwards on the HWPH sites. Whilst it was important to always do more to improve it was also important to remember the good work that was undertaken every day within the Trust and staff needed to be congratulated for this.</p> <p>The Board noted the report.</p>	
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<p>13.</p> <p>a.</p>	<p>Annual Review of Board Effectiveness</p> <p>PP introduced the report as set out in the Agenda which asked the Board to undertake its annual review of its effectiveness. PP commented that the review enabled the board to take a reflective look at the previous year in order to improve even further. Directors were asked to complete the questionnaire by Friday 10th February 2017.</p> <p>The Board NOTED the report.</p>	
<p>14.</p> <p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p> <p>e.</p> <p>f.</p> <p>g.</p>	<p>Board Sub-Committee Summaries & Recommendations</p> <p>14.1 Performance & Remuneration Committee, 13th January</p> <p>AP commented that he did not have any additional comments to add to the written summary set out in the Agenda, but highlighted the paper on Organisational Development Review.</p> <p>14.1.1 PRC Recommendation: Organisational Development Review</p> <p>AP commented that the paper had been brought to full Board because of the importance of organisational development to the Trust. The review had looked at seven different domains as set out in the report with the Trust performing strongly in five domains. Two domains were areas where further work was required. These were around the ‘Sustainable Organisation’ where it was felt that the Trust did not yet have a fully sustainable model and Smart Systems and Governance where IMT was considered to be a factor. JK commented that she concurred with the two areas identified which were perhaps the most difficult. Traction was being achieved in areas within the Human Resource area in terms of smart governance and the example was given of the introduction of staff electronic payslips.</p> <p>14.2 Audit Committee, 13th January</p> <p>DK referred to the written summary as set out in the Agenda and highlighted that of the eight internal audit reports considered by the Audit Committee in January, six had shown a substantial level of assurance with two at a reasonable level of assurance.</p> <p>The Committee had considered a draft of the internal audit plan for 2017/2018 and had added a review of the Trust’s compliance with the introduction of revised national statutory guidance in respect of the mortality reviews.</p> <p>In respect of risk management benchmarking, the Committee had been pleased to note that following benchmarking by the KPMG, the Trust’s external auditor, the Trust was considered to be managing risk well.</p> <p>In considering a draft of the external audit plan for 2017/2018 it was noted that three areas had been identified in shaping the proposed plan. There were:</p> <ul style="list-style-type: none"> • Valuation of land and buildings • Recoverability of receivables and year end income agreements • Recognition of income. <p>14.3 Commercial Development & Investment Committee, 13th January</p> <p>ME commented that the CDIC at its meeting had recommended the approval by the Board of a £7 million capital investment to ward F16 at Frimley Park Hospital. However,</p>	

<p>h.</p> <p>i.</p> <p>j.</p> <p>k.</p> <p>l.</p> <p>m.</p>	<p>since the meeting the situation had been reassessed and further work was now needed in respect of future bed provision. As a result the proposal had been deferred for the time being.</p> <p>The transfer of the catering services at Wexham Park to in house provision from 1st February was highlighted. The Committee had considered an update paper setting out how the change was being delivered against plan and for increased savings.</p> <p>The Committee had received its regular progress report in respect of the most significant capital projects underway and had been pleased to note that the Women’s Services project at Wexham Park was on track and going well.</p> <p>14.4 Finance Assurance Committee, 17th January</p> <p>RP referred to the written summary as set out in the Agenda. He highlighted the Committee’s discussion of the contract negotiations between the Trust and the CCGs and the detailed discussion that had taken place regarding proposed changes to the Trust’s Standing Financial Instructions, (SFIs). The Committee had been pleased to learn of the introduction of Purchase Index Benchmarking Tool, (PPIB) which would allow the Trust to undertake direct price comparison of products and enable the identification of opportunities for savings. The Committee also noted the introduction of a ‘Pareto’ approach to the maximisation of savings looking at the top 20% of items likely to deliver the greatest procurement savings.</p> <p>14.4.1 FAC Recommendation: Appendix 1 & 3 to Standing Financial Instructions – Revision</p> <p>RP and MS commented that as discussed at the FAC, changes to the Trust’s SFIs were proposed to update them as set out in the Board report included in the Agenda. The Committee had been happy to recommend the changes to the Board.</p> <p>The Board approved the revisions to the Trust’s Standing Financial Instructions as set out in the report.</p> <p>14.5 Nominations Committee</p> <p>PP referred to the process undertaken for the recruitment to the two Non-Executive Director vacancies. He commented that the appointment of Ray Long and John Weaver had been recommended to the Council of Governors which had confirmed the appointments at its meeting on 24 January 2017.</p> <p>The Board NOTED the summaries of all the board sub-committee minutes.</p>	
<p>15.</p> <p>a.</p>	<p>Any Other Business</p> <p>There was no other business.</p>	
<p>16.</p> <p>a.</p> <p>b.</p>	<p>Meeting Review</p> <p>LG commented that as part of the ‘Ward to Board’ item it had been very rewarding to see and hear from different ward teams across all three hospital sites. AP commented that it was clear to see that although they were located on different sites they coordinated and worked well together. It was generally felt that the role of clinical matron was very important in achieving this.</p> <p>RP referred to the use of fax machines for the sending of some information and</p>	

<p>c.</p>	<p>commented that he was surprised that in 2017 fax machines were still be used. NR commented that there were still some interactions between the Trust and its partners that had to be undertaken by fax – mainly in the case of communicating highly sensitive information in a way it could not be shared. RP pointed out that there were ways to get around this if an individual were so minded, even in the case of a physical fax copy of a document.</p> <p>DK commented that she felt advising those giving Ward to Board presentations that the Board would have pre-read their written report had worked well. She suggested that it would be helpful and look more consistent if there was a common presentational style of the Ward to Board reports across the sites.</p>	
<p>17.</p> <p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p>	<p>Questions from Members of the Public</p> <p>There were questions from members of the public as follows;</p> <p>Jan Burnett referred to the delay in the consideration of the planning application for the redevelopment of Heatherwood Hospital. She expressed concern regarding the potential impact of other significant planning applications in the local area on the Heatherwood application and asked what the reasons were for the application being put back. JK responded that the planning application for the redevelopment was extremely complicated and this was why it had been delayed. The Royal Borough of Windsor and Maidenhead, (RBWM) had raised some issues in relation to highways issues and every effort was being made to address these. Whilst ideally, it might have been preferable to look at all the highways implications of the various planning applications in the area, the Trust’s position was that it felt it had done more than what was required in respect of the highways impact of the Heatherwood scheme. RBWM had also asked for some very detailed extra information in respect of tree and arboriculture issues. JK added that the Trust had provided funding to the RBWM in order that it could appoint additional planning officer resource.</p> <p>Rod Broad asked why the December 2016 Quality and Performance Report included in the Agenda did not include the <i>‘What our patients are saying’</i> section which had been part of previous reports. AVM responded that the decision not to not include them had followed careful consideration by the Trust’s Executive Directors of the purpose of including the comments and whether they added value to the Board’s understanding of performance issues. Comments were picked up from the Friends and Family surveys and it was felt that this data could be used to provide better and more forensic information. Rod Broad commented that he felt the comments had been useful in that they offered a good insight about what was happening within the Trust. AVM commented that the Friends and Family survey provided more detailed information in order to reach conclusions.</p> <p>John Lindsay referred to plans for significant residential development in the locality of Crowthorne and the former Transport and Research Laboratory site. He commented that that there were no plans within those proposals for the provision of health facilities such as GP Hubs and asked whether the provision of a GP Hub in that general area formed part of the Strategic Transformation Plan, (STP). AVM responded that he was aware that there were major developments planned in the general area between Broadmoor Hospital and South Wokingham. Some of the developments in the area affected the Frimley STP whereas some of the proposed developments in the locality for example in Binfield were for areas that looked towards the Royal Berkshire Hospital. There would be a need to take a view as to how many Hubs were required and the Trust would be working with the relevant Clinical Commissioning Groups, (CCGs) on this.</p> <p>Sarah Peacey referred to the four hour performance target for Accident and Emergency</p>	

<p>e.</p>	<p>and asked whether there was a way to track the acuity of patients as they presented AVM responded that such analysis was undertaken, but until there was alternative guidance in place there was no point in changing current practice. LG added that sub-sets were tracked including patients who re-presented with the same condition. There was value in working with those patient’s GPs to prevent admission. HC commented that many initial assessments were undertaken by Ambulance Trusts.</p> <p>Graham Leaver asked for an update in respect of bus service provision at Wexham Park. JK responded that unfortunately she was not able comment at the time as discussions were ongoing, but she hoped there would be an announcement soon.</p>	
<p>18.</p>	<p>Date of the Next Meeting</p> <p>The date of the next meeting was Friday 3rd March In Forest Lodge, Heatherwood Hospital.</p>	

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

<p>Name:</p>	<p>Pradip Patel</p>
<p>Signature:</p>	
<p>Date:</p>	

DRAFT

BOARD OF DIRECTORS MEETING – PUBLIC

March 2017

ACTION LOG

Agreed Action	Lead	End Date
ACTIONS COMPLETE		
<i>7 October 2016 - 18. Monitor Board Declarations</i> Circulate new template Monitor Board Declarations when received for Board approval.	Martin Sykes	3 February 2017
<i>6 January 2017 – 9.a CIP Update</i> The full position for 2017/2018 to be presented.	Helen Coe Lisa Glynn	3 February 2016
<i>6 January 2017 – 16.d Meeting Review</i> NR to brief future Ward to Board presenters that they can take the dashboard as read and focus their session on points that they would like to highlight to the Board.	Nicola Ranger	3 February 2017
ACTIONS IN PROGRESS		
<i>4 November 2016 – 16.b Recording & Reporting of Statutory & Mandatory Training (MAST) Data</i> Updated to be presented at April Board to allow a 12 month report.	Janet King	7 April 2017
<i>4 November 2016 – 21.b Update of Governor Elections</i> Governance Working Group to look at and reconsider the size of electorates for constituencies.	Pradip Patel	7 March 2017
<i>2 December 2016 – 14.e Well-Led Framework for Governance Review</i> Well-led questionnaire to be completed by the Board and then a decision made on the external review	Susanne Nelson-Wehrmeyer	Ongoing
<i>6 January 2017 – 10.c Corporate Risk Assurance Framework</i> IT Strategy to be discussed at Board Strategy Session.	Martin Sykes	TBC
ACTIONS OVERDUE		

Report Title	Ward to Board Report - Critical Care Units FPH and WPH
Meeting	Board of Directors – Public
Meeting Date	Friday, 3 March 2017
Agenda No	5.
Report Type	Presentation
Prepared By	Amanda Walker
Presented By	Clinical Matrons: Diane Dodsworth (FPH) and Jonathan Bryant (WPH) Head of Nursing: Pamela Morrison (FPH) and Susan Harrison (WPH) Chief of Service: Philip Barnardo
Background	<p>The Health and Social Care Act 2008 (Code of Practice on the Prevention and Control of infections and related guidance July 2015) states that NHS provider organisations must demonstrate that infection prevention and cleanliness are an integral part of quality assurance.</p> <p>Please find the report to the Board by Chiefs of Service and Clinical Matrons for Frimley Health Critical Care Units / ITU.</p> <p>NB this report is presented in conjunction with the performance data provided by the Quality Team.</p>
Issues / Actions	Areas of the Infection Control Section are RAG rated for information
Recommendation	Board members are asked to discuss and note this report
Appendices	N/A

Wards →	FPH ITU	WPH ITU
MRSA bacteraemia for year	0	1 (Unavoidable)
Clostridium difficile Infection cases (Trust apportioned)	0	1 (No lapse in care)
Clostridium difficile Infection cases with Lapse in care	0	0
CVC infections	1 (First infection since Dec 2013)	0

Ward environmental audit	98% (Sept 2016)	99%
Hand Hygiene Audit Scores for quarter	Matron = 97% IPCN = 96%	Dec = 99% (Infection Control audit)
Spot check audit of alcohol hand sanitizer availability	Oct16 = 100% Jan17 = 100%	Dec = 100%
Infection Control link rep attendance at quarterly forum (2016)	100%	25%
Clinical Lead attendance at monthly HICC (2016)	42%	0% Head of Nursing and/or Matron are regular attendees)
Consultants training at Annual Infection Control Training (2016)	73% (80% Crit Care, 71% Anaesthetics) (Data from MAST)	75% (Data from MAST)
Bed Spacing (range and median) DH Estates & Facilities (2013) HBN 00-09 & 04-01: recommend clear bedspace of at least 4.6m (width) by 3.7m (depth) for Crit Care	4.7m	3.98 to 4.33m (mean = 4.14m)
Number of handwashing sinks per bed	1:1	1:1

Cleanliness monitoring data obtained from Facilities Dept

Wards →	FPH ITU	WPH ITU
National Standards for Cleanliness score (Dec)	100%	100%

Antibiotic Audits obtained from Pharmacy Dept:

Wards →	FPH ITU	WPH ITU
Does this treatment meet the Care bundle requirements? (Sept)	90%	78%
Was Stop/review date documented on the prescription?	100%	100%
Was the correct Indication specified on chart?	90%	78%
Did the prescribing Seem reasonable?	100%	100%

Ward Performance Report
ICU

ICU

WARD COQUIN REQUIREMENTS		Outurn	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD	Target 2015/16
Dementia Assessment		NA	NA				100%		NA						100%	90%
PATIENT EXPERIENCE		Outurn	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD	Target 2015/16
Would you recommend FPH to family and friends? <small>(Source: Local survey, area is excluded from official FFT)</small>		96%	100%	96%	92%	97%	91%	100%	95%	100%	100%	92%			96%	90%
Survey questions: (No. of questionnaires completed)		162	2	26	9	18	8	7	14	10	6	9			109	
Did the staff treating and examining you introduce themselves?		98%	100%	94%	100%	94%	100%	100%	93%	100%	100%	94%			98%	90%
While you were in the ICU, did a Doctor or Nurse explain your condition in a way you could understand?		93%	100%	90%	94%	94%	81%	93%	93%	95%	92%	100%			93%	90%
Did the doctors and nurses listen to what you had to say?		94%	100%	96%	100%	94%	100%	100%	93%	100%	100%	94%			98%	90%
Do you think that the ITU staff did everything they could to help control your pain?		97%	100%	98%	100%	100%	94%	100%	93%	100%	92%	100%			98%	90%
Overall did you feel you were treated with respect and dignity whilst in hospital?		98%	100%	92%	100%	97%	100%	100%	100%	100%	100%	89%			98%	90%
Do you have confidence and trust in the doctors treating you?		100%	100%	96%	100%	97%	100%	100%	100%	100%	100%	94%			99%	90%
Overall how would you rate the care you have received?		100%	93%	92%	97%	92%	91%	99%	94%	96%	98%	91%			94%	90%
INFECTION CONTROL		Outurn	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD	Target 2015/16
MRSA		0	0	0	0	0	0	0	0	0	0	0			0	0
C-Diff		2	0	0	0	0	1	0	0	0	0	0			1	NA
Hand hygiene		98%	100%	100%	100%	No Sub	96% BBE 100%	100%	92%	100%	100%	100%			99%	
PATIENT SAFETY PERFORMANCE		Outurn	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD	Target 2015/16
Hospital acquired pressure ulcer - Grade 2		2	0	1	1	0	0	0	1	0	1				2	NA
Hospital acquired pressure ulcer - Grade 3		0	0	0	0	0	0	0	0	0	0	In arrears			0	NA
Hospital acquired pressure ulcer - Grade 4		0	0	0	0	0	0	0	0	0	0				0	NA
Safety Thermometer		95%	100%	100%	100%	100%	91%	89%	100%	91%		100%			97%	95%
VTE Risk Assessment		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	95%
Complaints (by number)		1	1	0	0	0	0	0	0	0	0	0			1	NA
Compliments (by number)		8	5			8	8		4	7	7	10			49	NA
Total number of falls		7	0	2	1	1	0	0	3	2	1	0			10	NA
Total number of falls (with significant injury)		0	0	0	0	0	0	0	0	0	0	0			0	NA
Medication errors		38	7	5	7	7	8	6	4	3	5	In arrears			52	NA
Medication errors with harm		1	0	0	0	0	0	0	0	0	0	In arrears			0	NA
SIRI's		1	0	0	0	0	0	0	0	0	0	0			0	NA
Documentation		91%	100%	NA	NA										100%	NA
Staffing incidents		5	0	0	1	1	0	0	0	0	1	1			4	NA
Crash trolley compliance		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	
Suction (quarterly)		100%			100%			100%				100%			100%	
COMMENTS																
November Medication with harm - low level																

Nursing & Midwifery Dashboard 2016/17

Committed To Excellence Working Together Facing The Future

Frimley Health 
NHS Foundation Trust

Quality Measures & Processes	Quality Criteria	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Trend	
Safety and Quality	Observations	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				
	Pressure tissue damage	100%	97%	97%	95%	97%	100%	97%	100%	98%	100%	98%				
	Crash and CD trolleys	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				
	Care plans	100%	100%	100%	90%	100%	100%	100%	100%	100%	100%	90%				
	Nutrition & Hydration	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				
	Pain	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				
	Name bands	100%	90%	100%	100%	90%	100%	90%	100%	100%	100%	100%	100%			
	Medication Storage	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
	DNACPR	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
Infection Control	Catheter	100%	100%	93%	100%	100%	100%	100%	100%	100%	100%	100%				
	VAP		97%	97%	97%	97%	97%	96%	96%	97%	96%	98%				
Patient Experience	Compliments	N/A														
	Complaints	N/A														
	ITU Relatives Survey	N/A	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%				

Theatres, Anaesthetics and Critical Care

		Year to Date (M10)		
		Budget £	Actual £	Variance £
1021 1 Intensive Care Unit (Frimley)				
	Total Intensive Care Unit	3,679,292	3,737,476	58,184

7370 Itu Intensive Therapy Unit (Wexham)				
	Total Itu Intensive Therapy Unit	3,452,742	3,463,364	10,622

Report Title	Chief Executive’s Report
Meeting	Board of Directors - Public
Meeting Date	Friday 3rd March 2017
Agenda No.	6.0
Report Type	To Note
Prepared By	Andrew Morris, Chief Executive Officer
Executive Lead	Andrew Morris, Chief Executive Officer
Performance Overview	<p>Performance against key targets for January was not as good as expected. Unfortunately the Trust missed the 6 week maximum wait for diagnostic tests as a result of a backlog of Endoscopy activity at Frimley Park which had mounted up over the Christmas period and due to high volumes of staff sickness in the month the position could not be recovered. Indeed an improvement is unlikely to materialise until early March.</p> <p>On 4 hrs, the Trust out turned at 84.7% against the 95% standard which was a poor outcome for the Trust even though it was 5% better than the average for England. Higher than expected acuity and delays in getting medically fit patients out of hospital were the two main reasons for the poor result, difficulties in staffing the Emergency Dept at Wexham with senior enough doctors further compounded matters. However, everyone has worked so hard to maintain as good a service as possible and avoid long delays in handoffs from the ambulance crews. The Consultant Physicians have responded well to the peak in high numbers of very sick patients and have helped to turn more patients around on the day than ever before. Everyone in every speciality has gone the extra mile to respond however, getting the medically fit discharged promptly where help from a third party was necessary, has caused enormous frustration. Even with all the escalation areas open on every site, there were still problems in freeing up beds in timely way particularly on a Sunday and Monday in every week of the month. There are sufficient beds in the system provided that patients can actually move when ready. The admin on call teams have been particularly creative in coping with the unprecedented pressures and without some of their creative and experienced ways of working the impact would have been much worse. Performance for the year to date is 91.6% which means 9 out of every 10 people are being seen and discharged or admitted within 4 hrs. Also it is hoped that February’s performance will be closer to 90%.</p> <p>In an attempt to improve performance against 4 hrs the Trust hopes to move to a 7 day a week service for ambulatory care in February and the new facility for this</p>

	<p>service at FPH should be commissioned by the end of Feb. Also FPH should regain capacity with the opening of the new rooms for minors in ED in March. In addition the Chief of Service for ED is working on developing new models of care to enhance the flow of patients through the two departments. However, both departments are working with fewer consultants than this time last year which adds to the challenge and the position on staffing is unlikely to improve until the Autumn.</p> <p>Performance against 18 weeks and the cancer standards remains strong. The number of C diff cases in the month was 4 which is disappointing and brings the total to 29 against a target of 31 for the financial year. The C diff rate nationally is on the rise and FHFT's performance against 10,000 bed days is still in the best quartile.</p> <p>The combination of non-delivery of 4 hrs, the 6 weeks diagnostic standard and the likely failure to deliver the agency spend target could relegate the Trust's rating from 1 to a 2 from NHSI for Q4 even if the financial plan is delivered at the year end.</p>																																																									
<p>STP</p>	<p>STP BIDS AGAINST THE 5 YEAR FORWARD VIEW ALLOCATION.</p> <p>In December, STP were invited to submit bids for further investment in Cancer, Diabetes, Mental Health and Learning Disability services as part of the development of service under the development of the 5 year forward view initiative.</p> <p>Bids are as follows:</p> <table border="1" data-bbox="454 1048 1431 2033"> <thead> <tr> <th>Bid</th> <th>Intervention/locality</th> <th>Intervention Total</th> <th>Bid Value</th> </tr> </thead> <tbody> <tr> <td rowspan="3">TV Cancer</td> <td>Recovery</td> <td>£2,083,537</td> <td></td> </tr> <tr> <td>Stratified FU</td> <td>£474,205</td> <td></td> </tr> <tr> <td>Early Diagnosis</td> <td>£2,294,231</td> <td>£4,851,973</td> </tr> <tr> <td rowspan="3">S&S Cancer</td> <td>Recovery</td> <td>£1,141,132</td> <td></td> </tr> <tr> <td>Stratified FU</td> <td>£1,249,935</td> <td></td> </tr> <tr> <td>Early Diagnosis</td> <td>£4,786,328</td> <td>£7,177,395 + £3m Capital</td> </tr> <tr> <td>Diabetes</td> <td>SH</td> <td>£150,009</td> <td>£150,009</td> </tr> <tr> <td rowspan="4"></td> <td colspan="2">East Berks & NEH&F Broken down by CCG for all 4 interventions:</td> <td></td> </tr> <tr> <td>B & Ascot</td> <td>£491,106</td> <td rowspan="4">£1,993,700</td> </tr> <tr> <td>NEH&F</td> <td>£485,554</td> </tr> <tr> <td>Slough</td> <td>£538,577</td> </tr> <tr> <td>WAM</td> <td>£478,463</td> </tr> <tr> <td>Learning Disabilities</td> <td>Berkshire</td> <td>£614k</td> <td>£614k</td> </tr> <tr> <td>Mental health liaison</td> <td>Frimley North</td> <td>£579k</td> <td>£579k</td> </tr> <tr> <td>IAPT</td> <td>Surrey</td> <td>£764,816</td> <td>£764,816</td> </tr> <tr> <td>Total Bid Value</td> <td></td> <td></td> <td>£16,130,893</td> </tr> </tbody> </table>	Bid	Intervention/locality	Intervention Total	Bid Value	TV Cancer	Recovery	£2,083,537		Stratified FU	£474,205		Early Diagnosis	£2,294,231	£4,851,973	S&S Cancer	Recovery	£1,141,132		Stratified FU	£1,249,935		Early Diagnosis	£4,786,328	£7,177,395 + £3m Capital	Diabetes	SH	£150,009	£150,009		East Berks & NEH&F Broken down by CCG for all 4 interventions:			B & Ascot	£491,106	£1,993,700	NEH&F	£485,554	Slough	£538,577	WAM	£478,463	Learning Disabilities	Berkshire	£614k	£614k	Mental health liaison	Frimley North	£579k	£579k	IAPT	Surrey	£764,816	£764,816	Total Bid Value			£16,130,893
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: right; color: red;">+ £3m Capital</td> </tr> </table> <p>Thames Valley</p> <p>At present Wexham does not have a comprehensive Mental Health Liaison Service and if this is successful will significantly enhance the service for patients with mental health conditions. The outcome of the bidding process will be known by the end of March.</p>				+ £3m Capital
			+ £3m Capital		
<p>Finance</p>	<p>The Trust is showing a £800k favourable position against plan for month 10 which is well positioned for Q4 and the receipt of the STF top up. However the underlying position still remains a risk due to the adverse relationship between activity, income and associated costs. The Provider sector is heading for a £850m deficit for the year end and a significant number of Trusts are predicting that they will not achieve the planned target. If FHFT delivers the Q4 planned target to qualify for the STF money for financial delivery this will be a significant achievement which will have the beneficial impact of providing a £20m boost to the capital programme.</p> <p>Agency spend remains a big concern for the year end though as there are several gaps in medical rotas that need to be covered with extra locum doctors. Also additional consultant cover has been put in over the weekends to help cope with the winter pressures which will add to risk of delivering the yearend financial target. The Trust is unlikely to receive any new funding for winter pressures this year. The CIP target is showing a slight shortfall for month 10 but it is still expected deliver the plan of £20m by year.</p>				
<p>Issues/ Points to Note</p>	<p>Changes for Overseas Visitors and Migrants</p> <p>From April 1st the Trust will have a legal obligation to recover costs up front for any care provided by the NHS which is not deemed to be urgent or immediately necessary for overseas visitors and migrants. The Trust will be introducing an adequate process and staff training to recover these costs, but it is recognised that this is often difficult to identify those patients who should be charged. The income from this initiative will generate in reality, a small additional amount of revenue. It is unlikely that this will exceed £100k in a year for FHFT.</p> <p>Changes to Surrey Stroke Services – Public Consultation Process</p> <p>In January Guildford and Waverley CCG supported the cessation of the acute stroke service at Royal Surrey County Hospital as an emergency measure and since then patients suffering from a stroke have been conveyed to the Hyper Acute Units at Frimley Park and St Peters Hospitals. Both hospitals are compliant in meeting the key standards. The CCG agreed that for a short period Guildford and Waverley residents would be conveyed to RSCH if they required inpatient rehabilitation post the initial acute phase of treatment at Frimley Park.</p> <p>The public consultation documentation proposes that the two HASU's should serve Guildford and Waverley residents and on completion of the acute phase of treatment patients should be discharged to the Early Supported Discharge Team to provide on-</p>				

	<p>going care at home or be transferred to Farnham Hospital for rehabilitation in preference to using the RSCH. Farnham currently provides the inpatient rehabilitation service for stroke for much of the Frimley Park catchment and achieves good outcomes. If the pathway to use Farnham for patients requiring inpatient rehabilitation is supported as an outcome of the public consultation, FHFT will need to commission additional bed capacity to undertake the extra work.</p> <p>Heartlands STP Review of Cardiovascular Services</p> <p>The Heartlands STP has signalled that it will be conducting a review of cardiovascular services and the flows of activity across its borders. The Heartlands STP currently includes the following acute providers, Royal Surrey County Hospital, Ashford and St Peters Hospitals and Epsom and St Heliers Hospitals.</p> <p>At present the cardiovascular activity from the Royal Surrey County Hospital flows into Frimley Park and more recently most of the stroke work (which is also linked to cardiovascular) has also shifted to Frimley Park. The cardiovascular arrangements with Frimley and the RSCH has been in place for over a decade and has strong clinical support from the RSCH to continue. Networks work well where there is clinical confidence and respect between the parties and for vascular and cardiology the clinical outcomes for patients have been very good. However the Heartlands STP may wish to promote a shift from RSCH to St Peter's Hospital to keep this activity within the footprint which would break a really important set of linkages between Frimley Park and RSCH and go against the wishes of the clinicians.</p> <p>Hitherto networks that are effective have been driven by clinicians wanting to work together across hospital boundaries but while the overriding need for economic survival introduces a new dynamic, the history of shifting services against the wishes of clinicians is not riddled with success. No organisation in the NHS is an island and most hospitals need good external clinical relationships to survive which will often extend beyond the geographical borders of a single STP. During the last decade the RSCH and FPH did establish a set of relationships that has lasted the test of time for the benefit of local people and now that STPs are the established planning footprint, it's unfortunate that long standing strong clinical relationships are under threat with two providers that will always be only 13 miles apart no matter what the NHS administrative vehicle of the era looks like.</p> <p>The Board will be updated once an initial desk top review is completed.</p>
<p>Recommendation</p>	<p>The Board is asked to note the Report.</p>




Quality and performance report

January 2017



Contents

This report covers the period from January 2016 to allow comparison with historic performance. However, the key messages and targets relate to January 2017 for the financial year 2016/17

	Page		Page
Contents	2	Appendix A	33
Chief executive's overview	3	Methodologies for calculating the measures	34
Key messages by exception	7	Glossary	37
Key risks	10		
Single oversight framework	11		
Domains			
Safe	16		
Effective	17		
Caring	22		
Responsive	23		
Workforce	26		
Efficiency & finance	27		
CQUIN performance			
National CQUINs	29		
Benchmarking		RAG key	
Benchmarking	30	 Achieving target	
Activity		 Between target and threshold (where applicable)	
Activity	32	 Worse than target or threshold (where applicable)	

Chief executive's overview (1)

Performance overview

- Performance against the key targets for January was not as good as expected. Unfortunately the trust missed the 6-week maximum wait for diagnostic tests as a result of a backlog of endoscopy activity at Frimley Park, which had mounted up over the Christmas period. Due to high volumes of staff sickness in the month the position could not be recovered. Indeed, an improvement is unlikely to materialise until early March
- On the four-hour target to admit, transfer or discharge patients from ED the trust outturned at 84.7% against the 95% standard, which was a poor outcome for the trust even though it was five percentage points better than the average for England. Higher than expected acuity and delays in getting medically fit patients out of hospital were the two main reasons for the poor result; difficulties in staffing the Emergency Department at Wexham Park with senior enough doctors further compounded matters. However, everyone has worked so hard to maintain as good a service as possible and avoid long delays in handoffs from the ambulance crews. The consultant physicians have responded well to the peak in high numbers of very sick patients and have helped to turn more patients around on the day than ever before. Everyone in every speciality has gone the extra mile to respond. However, getting the medically fit patients discharged promptly, where help from a third party was necessary, has caused enormous frustration. Even with all the escalation areas open on every site, there were still problems in freeing up beds in a timely way, particularly on a Sunday and Monday in every week of the month. There are sufficient beds in the system provided that patients can actually move when ready. The admin on-call teams have been particularly creative in coping with the unprecedented pressures and without some of their creative and experienced ways of working the impact would have been much worse. Performance for the year to date is 91.6% which means 9 out of every 10 people are being seen and discharged or admitted within four hours. Also it is hoped that February's performance will be closer to 90%
- In an attempt to improve performance against the four hour ED target the trust hopes to move to a 7-day a week service for ambulatory care and the new facility for this service at FPH should be commissioned by the end of February. Also FPH should regain capacity with the opening of the new rooms for minors in ED in March. In addition the Chief of Service for ED is working on developing new models of care to enhance the flow of patients through the two departments. However, both departments are working with fewer consultants than this time last year which adds to the challenge and the position on staffing is unlikely to improve until the Autumn
- Performance against the referral to treatment (18 weeks) target and the cancer standards remains strong. The number of Clostridium difficile (C diff) cases in the month was 4 which is disappointing and brings the total to 29 against a target of 31 for the financial year. The C diff rate nationally is on the rise and FHFT's performance against 100,000 bed days is still in the best quartile
- The combination of non-delivery of the four hour ED target, the 6 weeks diagnostic target and the likely failure to deliver the agency spend target could relegate the trust's rating from 1 to a 2 by NHS Improvement for quarter 4, even if the financial plan is delivered at the year end

Safe

Effective

Caring

Responsive

Workforce

Efficiency / Finance

CQUIN

Chief executive's overview (2)

Sustainability and transformation plan (STP) bids against the five year forward view allocation

In December sustainability and transformation plans (STP) were invited to submit bids for further investment in Cancer, Diabetes, Mental Health and Learning Disability services as part of the development of service under the development of the five year forward view initiative

Bids are as follows:

Bid	Intervention / locality	Intervention total	Bid value
Thames Valley Cancer	Recovery	£2,083,537	£4,851,973
	Stratified FU	£474,205	
	Early Diagnosis	£2,294,231	
Surrey & Sussex Cancer	Recovery	£1,141,132	£7,177,395 + £3m Capital
	Stratified FU	£1,249,935	
	Early Diagnosis	£4,786,328	
Diabetes	Surrey Heath	£150,009	£1,993,700
	East Berks and North East Hampshire & Farnham		
	Broken down by CCG for all 4 interventions:		
	Bracknell & Ascot	£491,106	
	North East Hampshire & Farnham	£485,554	
Slough	£538,577		
Windsor, Ascot & Maidenhead	£478,463		
Learning Disabilities	Berkshire	£614,000	£614,000
Mental health liaison	Frimley North	£579,000	£579,000
Improving access to psychological therapies (IAPT)	Surrey	£764,816	£764,816
Total Bid Value			£16,130,893 + £3m Capital

Thames Valley

At present Wexham Park does not have a comprehensive Mental Health Liaison Service and if this is successful it will significantly enhance the service for patients with mental health conditions. The outcome of the bidding process will be known by the end of March

Chief executive's overview (3)

Finance

- The trust is showing an £800,000 favourable position against plan for month 10, which is well positioned for quarter 4 and the receipt of the sustainability and transformation fund (STF) top up. However the underlying position still remains a risk due to the adverse relationship between activity, income and associated costs. The provider sector is heading for a £850m deficit for the year-end and a significant number of trusts are predicting that they will not achieve the planned target. If FHFT delivers the quarter 4 planned target to qualify for the STF money for financial delivery this will be a significant achievement, which will have the beneficial impact of providing a £20m boost to the capital programme
- Agency spend remains a big concern for the year-end though as there are several gaps in medical rotas that need to be covered with locum doctors. Also, additional consultant cover has been put in over the weekends to help cope with the winter pressures which will add to the risk of delivering the year-end financial target. The trust is unlikely to receive any new funding for winter pressures this year. The cost improvement plan (CIP) target is showing a slight shortfall for month 10, but it is still expected to deliver the plan of £20m by the end of the financial year

Chief executive's overview (4)

Issues and points to note

Changes for overseas visitors and migrants

- From 1st April the trust will have a legal obligation to recover costs up-front for any care provided by the NHS that is not deemed to be urgent or immediately necessary for overseas visitors and migrants. The trust will be introducing an adequate process and staff training to recover these costs, but it is recognised that it is often difficult to identify those patients who should be charged. The income from this initiative will generate, in reality, a small additional amount of revenue. It is unlikely that this will exceed £100,000 in a year for FHFT

Changes to Surrey stroke services – public consultation process

- In January Guildford and Waverley CCG supported the cessation of the acute stroke service at Royal Surrey County Hospital (RSCH) as an emergency measure and since then patients suffering from a stroke have been conveyed to the Hyper Acute Stroke Units (HASU) at Frimley Park and St Peters Hospitals. Both hospitals are compliant in meeting the key standards. The CCG agreed that for a short period Guildford and Waverley residents would be conveyed to RSCH if they required inpatient rehabilitation post the initial acute phase of treatment at Frimley Park
- The public consultation documentation proposes that the two HASUs should serve Guildford and Waverley residents and on completion of the acute phase of treatment patients should be discharged to the Early Supported Discharge Team to provide on-going care at home or be transferred to Farnham Hospital for rehabilitation in preference to using RSCH. Farnham currently provides the inpatient rehabilitation service for stroke for much of the Frimley Park catchment and achieves good outcomes. If the pathway to use Farnham for patients requiring inpatient rehabilitation is supported as an outcome of the public consultation, FHFT will need to commission additional bed capacity to undertake the extra work

Heartlands STP (sustainability and transformation plan) review of cardiovascular services

- The Heartlands STP has signalled that it will be conducting a review of cardiovascular services and the flows of activity across its borders. The Heartlands STP currently includes the following acute providers: Royal Surrey County Hospital, Ashford and St Peter's Hospitals and Epsom and St Helier University Hospitals
- At present the cardiovascular activity from the Royal Surrey County Hospital flows into Frimley Park and more recently most of the stroke work (which is linked to cardiovascular) has also shifted to Frimley Park. The cardiovascular arrangements with Frimley and the RSCH have been in place for over a decade and they have strong clinical support from RSCH to continue. Networks work well where there is clinical confidence and respect between the parties and for vascular and cardiology the clinical outcomes for patients have been very good. However the Heartlands STP may wish to promote a shift from RSCH to St Peter's Hospital to keep this activity within the footprint, which would break a really important set of linkages between Frimley Park and RSCH and go against the wishes of the clinicians
- Hitherto, networks that are effective have been driven by clinicians wanting to work together across hospital boundaries, but while the overriding need for economic survival introduces a new dynamic, the history of shifting services against the wishes of clinicians is not riddled with success. No organisation in the NHS is an island and most hospitals need good external clinical relationships to survive that will often extend beyond the geographical borders of a single STP. During the last decade the RSCH and FPH did establish a set of relationships that has lasted the test of time for the benefit of local people and now that STPs are the established planning footprint, it's unfortunate that long standing strong clinical relationships are under threat with two providers that will always be only 13 miles apart no matter what the NHS administrative vehicle of the era looks like
- The Board will be updated once an initial desk top review is completed

Action for the Board

The Board is asked to note the report

Key messages – by exception (1)

Domain	Key points	Action taken
Safe	<p>Occurrence of any Never Event</p> <ul style="list-style-type: none"> There was one serious incident reported in January which has not yet been confirmed as a “Never Event” <p>Serious incidents requiring investigation (SIRI)</p> <ul style="list-style-type: none"> There have been 12 serious incidents reported for January; five for HWP and six for FPH. One has been reported for the community services that are now being managed by FHFT as the adult community services directorate <p>Number of falls</p> <ul style="list-style-type: none"> There have been four falls with significant injury for January; three on the FPH site, all different clinical areas and one at HWP 	<p>Occurrence of any Never Event</p> <ul style="list-style-type: none"> It has been reported to the commissioners and the investigation is underway to clarify whether this meets the definition of a Never Event. Confirmation is expected next month <p>Serious incidents requiring investigation (SIRI)</p> <ul style="list-style-type: none"> This is a significant increase for this month in the number of SIRIs, which is being closely monitored. All SIRIs are subject to a full root cause analysis and key messages and learning are disseminated through the monthly bulletin, newsletter, clinical governance committees, patient safety committees and mortality review groups <p>Number of falls</p> <ul style="list-style-type: none"> Each fall with undergo a full root cause analysis There is a trust-wide falls improvement plan in place Falls prevention remains a key topic for all patient safety training
	<p>Stroke - % of patients admitted directly to the stroke unit in 4 hours</p> <ul style="list-style-type: none"> In addition to the extreme bed pressures across the organisation, the Stroke Unit has agreed to take additional patients from the Royal Surrey County Hospital (RSCH) catchment, due to interim stroke service arrangements We had been expecting 60% of the RSCH workflow, with the remaining 40% going to St Peters Hospital (SPH); however, at present we have received about 95% of the work. This equates to 38 additional inpatients to date <p>Emergency re-admissions within 30 days following an elective or emergency spell</p> <ul style="list-style-type: none"> The emergency readmission rate within 30 days following an elective or emergency admission has risen to 7.1% <p>Caesarean section rate (planned & unscheduled)</p> <ul style="list-style-type: none"> The impact of the new guidance relating to foetal movements is being closely monitored on both sites 	<p>Stroke - % of patients admitted directly to the stroke unit in 4 hours</p> <ul style="list-style-type: none"> Weekly meetings are taking place with RSCH, SPH, SECAMB and FPH to discuss patient flow and address any identified issues Direct links have been established with RSCH stroke ward, with their stroke consultant physician and stroke nurse consultant both spending time at FPH. Excellent communication between therapies and nursing at both sites has been maintained <p>Emergency re-admissions within 30 days following an elective or emergency spell</p> <ul style="list-style-type: none"> The trust continues to monitor readmission rates at specialty level to assess whether the readmission is related to the original stay or is for a new condition. The priority is to ensure that patients are discharged as medically fit and that readmissions are minimised <p>Caesarean section rate (planned & unscheduled)</p> <ul style="list-style-type: none"> Caesarean section rates are being monitored on both sites on a monthly basis through the risk management process

Safe

Effective

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Key messages – by exception (2)

Domain	Key points	Action taken
Caring	<p>Mixed sex accommodation breaches</p> <ul style="list-style-type: none"> This is a very rare instance for the trust. A male patient was moved into a female bay, resulting in all six patients being counted as a breach as per the guidance. There were pressures on the system at that time, with a high number of delayed transfers of care and patients with a decision to admit waiting in ED for a bed on a ward <p>Number of complaints received % of complaints answered within 25 days</p> <ul style="list-style-type: none"> FPH received 56 out of the 75 complaints to the trust in December. HWP received their lowest number since Dec 2015 	<p>Mixed sex accommodation breaches</p> <ul style="list-style-type: none"> The circumstances are being explored to ensure this doesn't reoccur <p>Number of complaints received % of complaints answered within 25 days</p> <ul style="list-style-type: none"> Sustain quality of responses
Responsive	<p>A&E maximum waiting time of 4 hours and median waiting time</p> <ul style="list-style-type: none"> We were unable to deliver on this target at FPH due to the lack of capacity and the number of bedded down patients in ED. The bed capacity has been impacted by the increasing number of patients delayed for discharges and transfers of care. There has been an increase in attendances of 4% YTD and an increase in acuity in majors, plus a number of adults and children regularly attending with mental health issues. Referrals from nursing homes have also increased overall The performance at HWP had a further deterioration in the month. This has been caused by a continued pressure of the volume of admissions and the increased length of stay due to the acuity of patients, plus the increasing complexity requirements of their onward care. There has been a significant increase in delays in relation to South Bucks patients awaiting care from health and social partners, who have been under increasing pressure <p>Last minute cancelled operations for non-clinical reasons (% of elective admissions)</p> <ul style="list-style-type: none"> A rise in cancellations were caused by challenges with beds on the Wexham Park site due to winter pressures – “spring to green” was carried out in January and had some success, however pressure has still continued The overflow recovery area went into escalation with bedded patients as part of the winter plan, therefore delays in theatres were seen as a result, creating cancellations on the day <p>Diagnostics</p> <ul style="list-style-type: none"> The trust failed the diagnostic target with 2.3% of patients waiting six weeks or more for their diagnostic test (the target is less than 1%). The main problem area was FPH's endoscopy unit, due to capacity issues and sickness within the booking and administrative team 	<p>A&E maximum waiting time of 4 hours and median waiting time</p> <ul style="list-style-type: none"> At FPH we are continuing to have an acute physician at the front door and a senior decision maker at the assessment area to expedite treatments and prevent unnecessary admissions We will be reviewing all patients who waited over four hours to ensure safety was not compromised in December and January We continue to link with colleagues across the system including both ambulance trusts to address these issues The medical model remains in place at HWP Discussions have been held with South Bucks to improve the flow for patients to the right setting Further conversations have been held with commissioners to support the development of services that support reducing the length of stay, such as an expansion of ambulatory care <p>Last minute cancelled operations for non-clinical reasons (% of elective admissions)</p> <ul style="list-style-type: none"> Close monitoring continues by capacity /surgery and theatre teams to maintain safe operating and to ensure emergency / trauma surgery continues uninterrupted. Safe staffing levels are monitored at every bed meeting daily <p>Diagnostics</p> <ul style="list-style-type: none"> The trust has now changed the management arrangements for the endoscopy unit and expect to report an improved position at the end of February and be back within target by the end of March

Key messages – by exception (3)

Domain	Key points	Action taken
Workforce	<p>Time to recruit from date vacancy created to date of unconditional offer (days)</p> <ul style="list-style-type: none"> Figures from the Nursing and Midwifery Council show that the number of European nursing staff registering in the UK has fallen by 90% since the EU referendum Time to hire remains above target. The HR department are now producing further data in order to identify delays at each stage of the process <p>Sickness absence</p> <ul style="list-style-type: none"> There was a significant increase in instances of long term sickness absence occurring in December and January Sickness rates remain particularly high across Additional Clinical Services (ie Healthcare Assistants) and Estates & Ancillary staff <p>Agency spend</p> <ul style="list-style-type: none"> Despite year on year reductions, we are still not fully meeting our plans and remain significantly above the NHSI agency ceiling Nursing agency has risen significantly on medical wards at HWP Medical agency spend remains high, but is consistent month-on-month <p>Statutory & mandatory training</p> <ul style="list-style-type: none"> The current compliance figure is 54.45% against a target of 85% Training needs analysis (TNA) is now completed for all subjects. Therefore, we are now able to accurately report on mandatory and statutory training (MAST) compliance Compliance with UK Core Skills Training Framework has been achieved 	<p>Time to recruit from date vacancy created to date of unconditional offer (days)</p> <ul style="list-style-type: none"> A further international recruitment trip to the Philippines is planned for March 2017, aiming to recruit 50 nurses A revised recruitment process is being piloted in nursing to reduce wastage; reducing the number of adverts, streamlining shortlisting and holding standardised assessment centres <p>Agency spend</p> <ul style="list-style-type: none"> HR are holding meetings with all medical locum agencies in order to transition to a new framework to drive down rates Work on agency negotiation is extending to cover “other” staff groups, targeting the areas of highest spend <p>Statutory & mandatory training</p> <ul style="list-style-type: none"> An increasing number of MAST topics will be delivered via ESR e-Learning platform in March/April 2017, which should improve compliance
Efficiency	No exceptions to report	
Finance	<p>Income</p> <ul style="list-style-type: none"> £7.6m ahead of YTD plan of £525m. Clinical income was behind plan due to impact of winter pressures on electives. The geographical mix of elective activity (capped) and non-elective activity (MRET) continues to impact negatively on chargeable income overall <p>Expenditure</p> <ul style="list-style-type: none"> £6.6m over YTD plan of £500m (excluding integration). Month 10 was above plan by £0.9m due to A&E and bed pressures, which was not offset by income due largely to marginal rate impacts. Integration and transaction spend is £6.4m YTD which is matched to income on a spend-recover basis 	

Safe

Effective

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Responsive

Workforce

Efficiency / Finance

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Key risks

Domain	Key risks to highlight	Action taken
Income	<ul style="list-style-type: none"> Income challenges on the year-end position may impact on forecast (moderate) 	
Expenditure	<ul style="list-style-type: none"> Cost base especially agency continues in quarter 4 (high) Winter pressure adversely impacts on quarter 4 finances (high) 	

Single oversight framework - Operational performance

Domain	Measure	15/16	Jan-16	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec-16	Jan-17	YTD	Target	Threshold	National/ local target
Responsive	A&E maximum waiting time of 4 hours from arrival to admission/ transfer/ discharge		92.3%	92.3%	90.4%	93.7%	95.2%	92.9%	90.0%	88.5%	95.9%	94.9%	91.3%	88.7%	84.7%	91.6%	>=95%	None	N
Responsive	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway		92.3%	92.5%	92.3%	92.8%	93.2%	92.9%	92.3%	91.7%	92.6%	92.7%	93.4%	92.2%	92.5%	92.7%	>=92%	None	N
Responsive	Maximum 62-day wait for first treatment from urgent GP referral for all suspected cancers		87.0%	89.9%	90.9%	88.4%	91.6%	91.4%	87.6%	93.1%	87.5%	85.4%	90.3%	92.6%	in arrears		>=85%	None	N
Responsive	Maximum 62-day wait for first treatment from NHS cancer screening service referrals for all cancers		88.5%	95.7%	100%	93.3%	95.7%	97.0%	100%	100%	100%	100%	100%	100%	in arrears		>=90%	None	N
Responsive	Maximum 6-week wait for diagnostic procedures	0.4%	0.6%	0.4%	0.4%	0.4%	0.3%	0.5%	0.5%	0.4%	0.3%	0.3%	0.4%	0.3%	2.3%	0.6%	<=1.0%	None	N

Safe

Effective

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Single oversight framework - Finance and use of resources

	Year to Date (Month 09)				Forecast Outturn			
	Plan	Actual	Target	Threshold	Plan	Actual	Target	Threshold
NHS Improvement's score for financial performance								
Use of resources score (1 - 4)	1	1	1	2	1	2	1	2

Single oversight framework - Quality of care (1)

Domain	Measure	15/16	Jan-16	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec-16	Jan-17	YTD	Target	Threshold	National/ local target
Safety	Occurrence of any Never Event	6	0	0	1	0	1	1	1	0	0	0	0	0	1	4	0	None	National
Safety	VTE Risk Assessment	98%	97%	97%	97%	97%	95%	98%	98%	97%	97%	98%	98%	97%	in arrears	97%	>=95%	None	National
Safety	Clostridium Difficile - variance from plan (definition TBC)					-2	-2	-3	-2	-2	-2	1	2	2	3		<=1	>5	Local target
Safety	Clostridium Difficile - infection rate per 100,000 bed days					2.82	5.45	5.64	8.18	8.18	8.45	13.63	14.09	5.45	10.91		<=10.40	>18.36	Local target
Safety	MRSA bacteraemias	2	1	0	0	0	0	0	1	0	0	0	0	0	0	1	0	None	National
Safety	Potential under-reporting of patient safety incidents (definition TBC)	New	29.1			27.2				Bi-annual published data						>=44.7	<32.8	Local target	
Safety	NHS England/NHS Improvement Patient Safety Alerts outstanding	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	None	National
Safety	Delivering a 7-day service – emergency admissions reviewed by a consultant within 14 hours of arrival *	New	Bi-annual audit data								76%							TBC	-
Safety	Delivering a 7-day service – access to diagnostics *	New	Bi-annual audit data								78%							TBC	-
Safety	Delivering a 7-day service – access to consultant-directed interventions *	New	Bi-annual audit data								82%							TBC	-
Safety	Delivering a 7-day service – twice daily consultant reviews for high acuity areas *	New	Bi-annual audit data								90%							TBC	-
Effective	Hospital Standardised Mortality Ratio (DFI) **		87.1	87.1	88.4	88.9	89.1	89.3	88.9	89.3	88.2	88.6	88.3	in arrears	in arrears		<=110.0	>110.0	National
Effective	Hospital Standardised Mortality Ratio - Weekend (DFI) **		91.6	91.6	91.2	90.9	91.5	89.6	88.3	90.4	87.7	87.8	88.0	in arrears	in arrears		<=110.0	>110.0	National
Effective	Summary Hospital Mortality Indicator		93.2	93.1	94.2	94.4	94.0	94.2	93.4	92.8	91.2	90.5	in arrears	in arrears	in arrears		<90.0	>110.0	National
Effective	Emergency re-admissions within 30 days following an elective or emergency spell		7.0%	7.1%	6.9%	7.1%	7.5%	7.5%	6.9%	7.1%	6.7%	6.5%	6.7%	7.1%	in arrears		<=6.8%	None	Local target
Effective	Emergency c-section rate					12.8%	14.8%	15.2%	12.3%	11.3%	14.2%	11.9%	14.3%	17.1%	13.8%	13.8%	<=14.0%	>15.0%	Local target

* Audit data to be treated with caution due to loose national definitions and the use of questions that were open to interpretation
 ** Dr Foster Intelligence (DFI) data is not available so HED data has been used as a proxy (methodologies may vary between DFI and HED)

Single oversight framework - Quality of care (2)

Domain	Measure		15/16	Jan-16	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec-16	Jan-17	YTD	Target	Threshold	National/ local target
Caring	Number of complaints per 100 patient contacts		0.06	0.07	0.06	0.08	0.07	0.07	0.07	0.08	0.08	0.08	0.07	0.07	0.07	0.08	0.07	<=0.07	>0.09	Local target
Caring	Mixed sex accommodation breaches		0	0	0	0	0	0	0	0	0	0	0	0	0	6	6	0	None	National
Caring	A&E scores from Friends and Family Test – % positive		89.7%	89.5%	88.4%	91.1%	92.3%	92.2%	90.2%	89.3%	90.1%	90.3%	91.0%	89.2%	91.5%	90.7%	90.7%	>=93.7%	<79.0%	Local target
Caring	Inpatient scores from Friends and Family Test – % positive		97.5%	97.3%	97.3%	97.2%	97.4%	97.0%	98.0%	97.8%	97.0%	97.3%	97.5%	97.2%	97.1%	97.4%	97.4%	>=97.4%	<93.6%	Local target
Caring	Maternity scores from Friends and Family Test – % positive		97.1%	97.6%	98.2%	96.1%	97.8%	98.0%	96.7%	96.2%	96.6%	98.3%	97.5%	95.3%	95.1%	96.8%	96.8%	>=99.0%	<94.0%	Local target
Caring	CQC inpatient survey (Q72 overall satisfaction out of 10)		8.30														>=8.40	<7.99	Local target	
Well led	Staff sickness	3.0%	3.0%	3.0%	3.0%	3.0%	2.7%	2.7%	2.5%	2.5%	2.7%	3.1%	2.9%	3.2%	3.3%	3.3%		<=2.9%	>3.2%	Local target
Well led	Staff turnover	14.8 %	14.9%	14.6%	14.2%	14.4%	14.2%	14.4%	14.7%	15.1%	14.8%	14.8%	14.5%	14.7%	14.4%	14.4%		<=14.5%	>15.0%	Local target
Well led	Executive team turnover (definition TBC)	New	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		<=29%	None	Local target
Well led	NHS Staff Survey - (engagement score - definition TBC)		3.88														>=3.87	<3.79	Local target	
Well led	Staff Friends and Family Test % recommended - care	N/A	84.2%			92%			90%			*			In arrears		>=86%	<79%	Local target	
Well led	Proportion of temporary staff (definition TBC)	New	Quarterly data														TBC		-	
Finance	Aggressive cost reduction plans (definition TBC)	New	Quarterly data														TBC		-	

* Friends and family test replaced by National Picker Staff Survey in Q3 – results not yet available

Single oversight framework - Other

Domain	Measure	15/16	Jan-16	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec-16	Jan-17	YTD	Target	Threshold
Strategic change	Measures to be defined by NHS Improvement	New															TBC	TBC

Domain	Measure	15/16	Jan-16	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec-16	Jan-17	YTD	Target	Threshold
Leadership and improvement capability	Measures to be defined by NHS Improvement	New															TBC	TBC

Domain	Measure	15/16	Jan-16	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec-16	Jan-17	YTD	Threshold
Overall	Segment score	New	Quarterly data			1			1			In arrears			1	2	

Safe

Effective

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Safe - Key measures

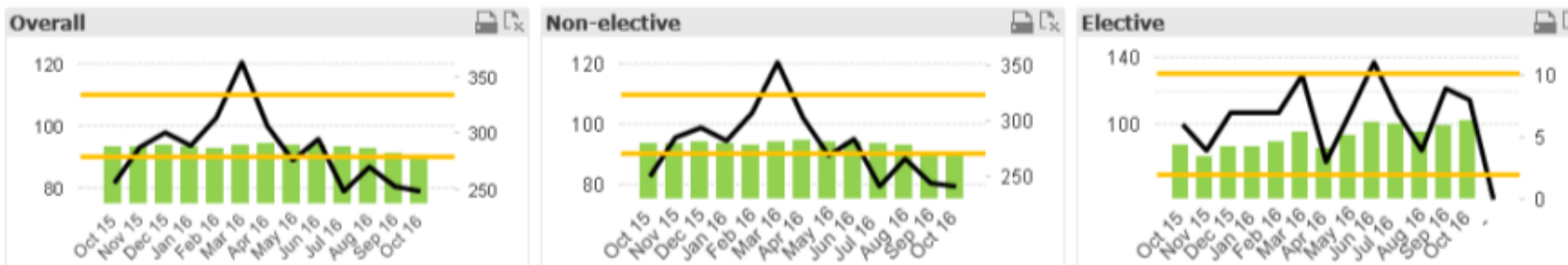
	15/16	Jan-16	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec-16	Jan-17	YTD	Target	Threshold	
Infection control																		
Clostridium difficile *	41	1	3	1	1	2	2	3	3	3	5	4	2	4	29	None	None	
Clostridium difficile due to lapses in care	13	0	1	0	0	0	1	0	0	1	1	1	0	0	4	<=31	None	
MRSA Bacteraemia	2	1	0	0	0	0	0	1	0	0	0	0	0	0	1	0	None	
Medication errors resulting in harm																		
Low	56	4	3	4	3	1	2	2	1	2	2	2	1	in arrears	16	None		
Moderate *	4	0	1	1	0	2	3	0	0	0	1	0	0	in arrears	6	<=42	None	
Severe *	0	0	0	0	0	0	0	0	0	0	0	0	0	in arrears	0	0	None	
Pressure ulcer incidence																		
Hospital acquired - grade 2 *	143	9	15	14	11	15	6	8	12	10	13	18	18	in arrears	111	<=216	None	
Hospital acquired - grade 3 *	6	0	0	0	0	0	0	0	0	1	0	0	0	in arrears	1	<=12	None	
Hospital acquired - grade 4 *	0	0	0	0	0	0	0	0	0	0	0	0	0	in arrears	0	0	None	
VTE risk assessment	98%	97%	97%	97%	97%	95%	98%	98%	97%	97%	98%	98%	97%	in arrears	97%	>=95%	None	
Never events	6	0	0	1	0	1	1	1	0	0	0	0	0	1	4	0	None	
Serious incidents requiring investigation (SIRI) *	73	6	4	6	2	10	8	2	5	4	5	5	8	12	61	<=90	>96	
Duty of candour																		
Incidents triggering a duty of candour response	New				7	14	11	9	6	5	8	6	12	in arrears	78	TBC	TBC	
Failure to notify of a suspected or actual reportable patient safety incident	New				0	0	0	0	0	0	0	0	0	in arrears	0	0	None	
Falls resulting in significant injury																		
Number of falls *	28	5	2	1	0	2	4	0	2	2	2	0	1	4	17	<=37	None	
Number of falls per 1000 bed days	0.06	0.13	0.05	0.03	0.00	0.05	0.10	0.00	0.05	0.05	0.05	0.00	0.03	0.10	0.04	TBC		
Nurse staffing - appropriate staffing levels																		
Medicine - overall staff	98%	97%	98%	95%	94%	96%	97%	97%	93%	96%	96%	98%	96%	98%	96%	>=90%	None	
Surgery - overall staff	98%	99%	98%	98%	99%	97%	98%	96%	96%	97%	97%	98%	97%	98%	97%	>=90%	None	
Medicine - registered staff	96%	96%	94%	93%	92%	94%	95%	96%	90%	94%	94%	98%	95%	96%	94%	>=90%	None	
Surgery - registered staff	96%	97%	97%	97%	97%	96%	96%	94%	94%	97%	96%	97%	96%	95%	96%	>=90%	None	
National safe staffing programme - as reported by NHS Choices (Compliance: planned number nursing hours versus actual)																		
Overall Compliance	97%	96%	94%	95%	96%	96%	96%	96%	93%	95%	95%	97%	95%	96%	96%	>=90%	None	

* Monthly targets are as follows: C.difficile (2); moderate medication errors (3); severe medication errors (0); pressure ulcers grade 2 (18), grade 3 (1), grade 4 (0); SIRI (7); falls (3)

Effective - Mortality trends (Summary hospital-level mortality indicator)

Key messages

Area	Key points	Action taken
Mortality	<ul style="list-style-type: none"> Overall the trust-wide SHMI is within the expected range There has been a gradual increase in elective SHMI over the last 12 months; the numbers are small and still within the expected range Diagnostic group SHMIs are all within the expected ranges 	<ul style="list-style-type: none"> Continued monitoring of all data and a case note review of deaths of patients admitted electively (from a waiting list)



KEY:	Higher than expected	Within expected range : 90 - 110 (overall and non-elective) 70 - 130 (elective)	Lower than expected	One month's observed mortality (black line)
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Trust wide - SHMI to Oct -16 (rolling 12 months)

In-hospital mortality (one month's data)																
	15/16	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	YTD	
In-hospital deaths	738	207	242	289	243	225	209	180	204	191	195	235	239	284	2205	
Discharges	52083	17257	17111	17715	17386	17353	17850	17961	17014	18355	18022	18979	17041	17902	177863	
% deaths	1.4	1.2	1.4	1.6	1.4	1.3	1.2	1.0	1.2	1.0	1.1	1.2	1.4	1.6	1.2	

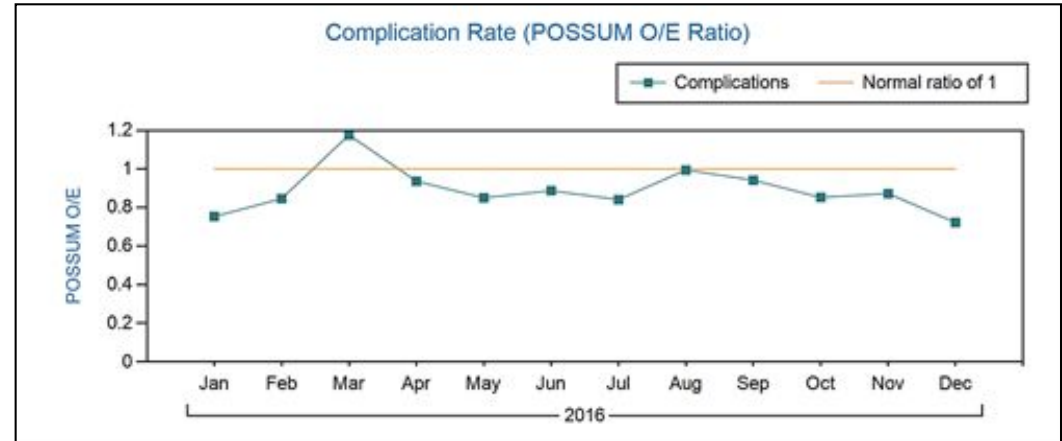
SHMI (rolling 12 months)														
	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	
Overall	93.4	93.2	93.9	93.2	93.1	94.2	94.4	94.0	94.2	93.4	92.8	91.2	90.5	
Non-elective	93.5	93.5	94.0	93.3	93.2	94.1	94.6	94.0	94.0	93.2	92.8	91.0	90.2	
Elective	86.8	80.9	86.4	86.5	88.9	94.7	85.7	92.9	100.7	99.5	95.0	98.9	102.1	

Effective - CRAB surgical complications and mortality

Key messages

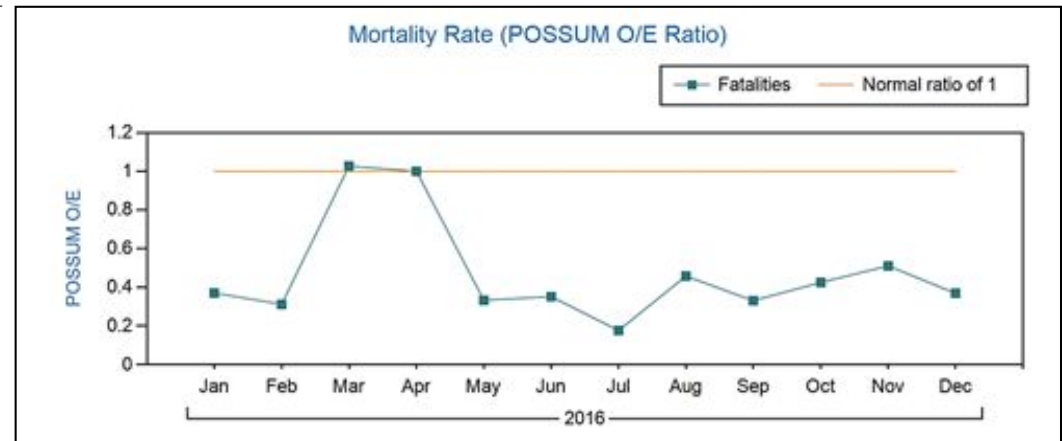
The **complication rate** is the ratio of observed to expected complications as calculated using a risk score (POSSUM)

- **The trend this month:** remains below expected and is trending downwards
- **The actions taken:** continued monitoring at specialty level



Surgical operative mortality rate is the ratio of observed to expected deaths as calculated using a risk score (POSSUM)

- **The trend this month:** remains low
- **The actions taken:** continued monitoring at specialty level



Effective - CRAB medical practice trigger trends

Key messages

Rising urea or creatinine is a marker for kidney failure/injury (AKI) and can be hospital or community acquired

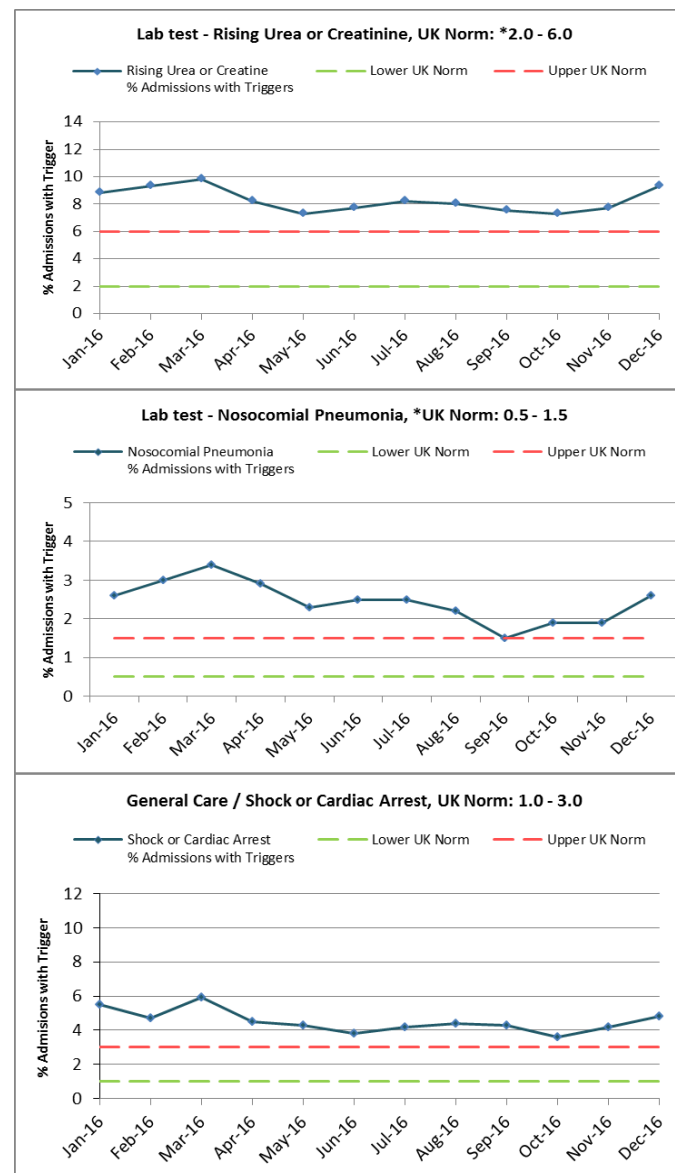
- **The trend this month:** is an increase in the data for the last two months. This is driven mainly by an increase at HWP
- **The actions taken:** The acute kidney injury (AKI) initiative continues. A re-audit of the split between community and hospital acquired AKI is warranted; it may represent our increasing numbers of ill, emergency admissions with a higher rate of AKI on admission

Nosocomial pneumonia is pneumonia acquired after admission to hospital

- **The trend this month is:** an increase in the last three months. The increase is more marked at FPH
- **The actions taken:** the hospital acquired pneumonia (HAP) project has attempted to improve diagnostic accuracy. An oral hygiene initiative has begun in the last quarter on both sites - this has been shown to reduce the incidence in other trusts

Shock or cardiac arrest is hypotension or cardiac arrest on the wards

- **The trend this month:** has remained just above norms, but is showing a gradual increase over the last two months. This is mainly driven by an increase at HWP
- **The actions taken:** The deteriorating patient project has created some improvement and there are some further initiatives planned in this area. These signals are all on a background of increased activity (1200 more emergency admissions than Q3 2015/16 and 900 than Q2 2016/17). The relationship between the increase in activity and increasing triggers is being investigated currently



Safe

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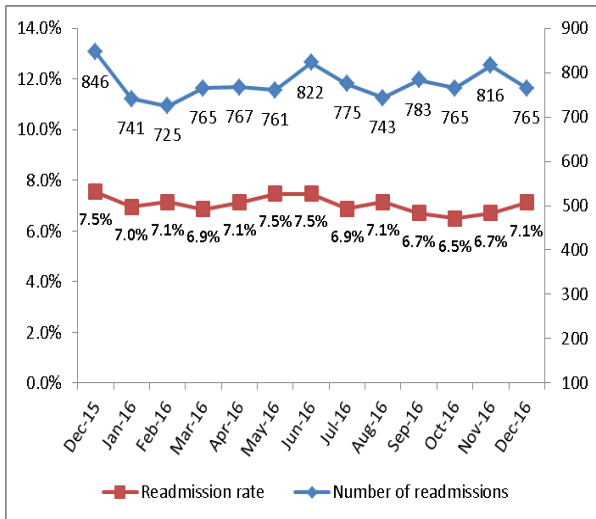
Effective - Clinical performance measures

	15/16	Jan-16	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec-16	Jan-17	YTD	Target	Threshold	
Emergency department quality indicators																		
Unplanned re-attendance	5.1%	5.0%	5.2%	4.9%	5.1%	4.8%	4.8%	4.9%	5.2%	5.0%	5.0%	5.7%	5.1%	5.3%	5.1%	<=5%	>7%	
Left without being seen rate	1.9%	1.9%	2.1%	2.4%	2.0%	2.4%	2.6%	3.7%	2.8%	2.2%	2.2%	2.7%	3.3%	2.6%	2.7%	<=5%	>7%	
Median waiting time from ambulance arrival to time of initial assessment (mins)		3	3	3	3	2	3	2	2	3	2	3	2	3		<=15	>30	
Median waiting time from arrival to treatment (mins)		86	95	104	82	89	95	110	87	86	86	99	96	90		<=60	>90	
Stroke *																		
% of patients admitted directly to the stroke unit in 4 hours	66%	61%	62%	55%	60%	88%	71%	60%	68%	70%	78%	82%	72%	63%	70%	>=80%	<72%	
% of patients scanned within 1 hour of arrival	58%	54%	56%	61%	55%	92%	48%	55%	66%	47%	59%	71%	67%	66%	61%	>=50%	<45%	
% of patients receiving a swallow screen within 4 hours of arrival	75%	80%	74%	76%	77%	96%	83%	81%	73%	70%	81%	89%	67%	87%	80%	>=90%	<80%	
Cardiology																		
% of eligible patients receive treatment; call to balloon within 150 minutes	93%	100%	85%	94%	100%	100%	85%	89%	90%	94%	93%	96%	86%	in arrears	92%	>=85%	<80%	
Trauma and orthopaedics																		
% fractured neck of femur patients meeting best practice criteria	New	83%	79%	78%	76%	66%	62%	85%	75%	72%	65%	82%	72%	in arrears	72%	>=63%	<53%	
Critical care																		
Critical care non-clinical transfers out of the trust	New				0	0	0	0	0	0	0	0	0	0	0	0	0	
Theatres																		
Compliance with the WHO surgical safety checklist	New				98.9%	98.9%	99.3%	98.9%	99.6%	99.1%	97.8%	98.9%	99.2%	98.0%	98.9%	>=95%	<90%	
Obstetrics																		
Caesarean section rate (planned & unscheduled)	26%	25.2%	24.3%	27.9%	25.4%	27.5%	28.0%	23.9%	23.4%	27.4%	24.6%	26.5%	32.5%	28.0%	26.7%	<=25%	>27%	
* Stroke data is for FPH only as the unit at Wexham Park has been decommissioned during 2016/17																		

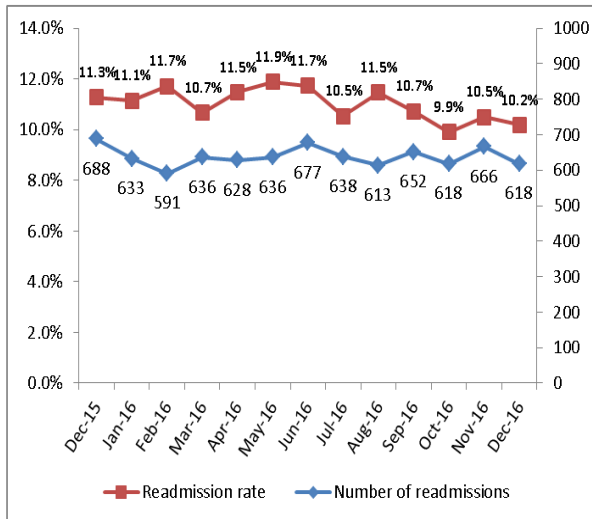
Effective – Emergency readmission trends

Lower readmission rates can be taken to indicate a higher quality service to patients as well as reducing costs for hospitals. The data is based on the number of patients who are readmitted to any specialty at either FPH or HWP within 30 days as an emergency following a previous elective or non-elective spell. The readmission spell must be an overnight stay

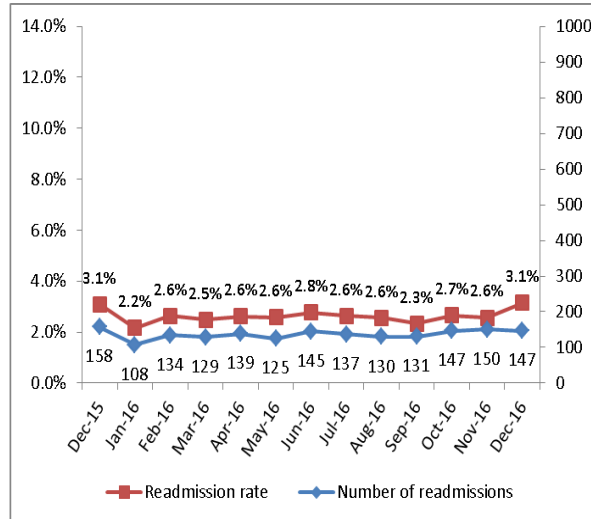
Overall emergency readmissions



Emergency readmissions following an emergency admission



Emergency readmissions following an elective admission



Trust-wide

Safe

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Caring - Key measures

	15/16	Jan-16	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec-16	Jan-17	YTD	Target	Threshold
Local Surveys																	
1. Overall did you feel you were treated with respect and dignity whilst in hospital?	96%	97%	95%	97%	96%	97%	98%	95%	96%	96%	97%	97%	96%	97%	96%	>=90%	<80%
2. Do you have confidence and trust in the doctors treating you?	92%	94%	91%	94%	93%	95%	94%	91%	92%	93%	91%	93%	91%	92%	93%	>=90%	<80%
3. Were you bothered by noise at night from staff? (percentage of patients saying no)	87%	86%	86%	85%	88%	87%	88%	87%	87%	87%	87%	87%	88%	90%	88%	>=80%	<70%
4. Were you bothered by noise at night from other patients? (percentage of patients saying no)	69%	66%	68%	63%	68%	67%	68%	69%	68%	67%	67%	65%	59%	65%	66%	>=75%	<65%
5. If you needed it, did you get enough help from staff with eating and drinking? ***	88%	92%	92%	84%	90%	91%	90%	90%	88%	91%	89%	93%	92%	90%	91%	>=90%	<80%
6. Do you feel that you and your family/carers have been involved in planning for your discharge from hospital?	70%	83%	69%	67%	70%	77%	85%	82%	83%	84%	84%	84%	85%	77%	81%	>=75%	<65%
7. Did staff examining and treating you introduce themselves?	89%	90%	87%	89%	91%	91%	90%	88%	89%	90%	92%	90%	88%	89%	90%	>=90%	<80%
8. Did the doctors clearly explain the treatment plan?	New				93%	93%	92%	92%	90%	93%	91%	91%	92%	91%	92%	>=90%	<80%
9. Within the first couple of days of admission did a member of staff ask you about your home situation?	New				82%	80%	80%	80%	81%	84%	80%	82%	86%	83%	82%	>=75%	<65%
Complaints																	
Number of complaints received * **	765	70	74	69	85	80	77	72	86	94	79	82	70	75	800	<=62	>73
Number of complaints per 100 patient contacts	0.00	0.06	0.07	0.06	0.08	0.07	0.07	0.07	0.08	0.08	0.08	0.07	0.07	0.08	0.07	<=0.07	>0.09
% of complaints answered within 25 days	60%	59%	62%	59%	46%	48%	62%	54%	40%	29%	27%	29%	46%	in arrears	42%	>85%	<70%
Number of complaints re-opened	71	4	5	7	6	5	11	7	9	14	2	8	10	5	77	TBC	
Patient Friends and Family Scores - What % would recommend this trust to friends and family if they needed similar care or treatment?																	
Overall % (includes day surgery, inpatients, A&E, outpatients, maternity, paediatrics and community services)	94%	95%	95%	94%	95%	95%	95%	95%	94%	94%	95%	95%	95%	95%	95%	>=90%	<85%
Dementia care - % of all admitted patients (75+) who																	
Have been screened for Dementia (within 72 hours)	95%	96%	96%	93%	96%	96%	96%	94%	94%	95%	94%	97%	96%	97%	95%	>=90%	
Scored positively on the dementia screening tool that then received a dementia diagnostic assessment (within 72 hours)	97%	96%	99%	96%	98%	99%	98%	97%	96%	95%	95%	89%	97%	96%	96%	>=90%	
Received a dementia diagnostic assessment with a "positive" or "inconclusive" outcome that were then referred for further diagnostic advice/follow up (within 72 hours)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	In arrears		>=90%	
* provisional data for the reporting month																	
** Annual targets are as follows: Number of complaints (749)																	
*** Note – this question last year was "Do you get enough help from staff to eat your meals?"																	

Responsive - Responsive Key measures

	15/16	Jan-16	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec-16	Jan-17	YTD	Target	Threshold
Diagnostics																	
Diagnostics waiting 6 weeks and over	42	52	33	42	31	31	48	48	35	35	35	42	27	224	556	None	
% waiting over 6 weeks and over for a diagnostic procedure	0.4%	0.6%	0.4%	0.4%	0.4%	0.3%	0.5%	0.5%	0.4%	0.3%	0.3%	0.4%	0.3%	2.3%	0.6%	<=1.0%	None
Referral to treatment (RTT)																	
RTT % waiting within 18 weeks		92.3%	92.5%	92.3%	92.8%	93.2%	92.9%	92.3%	91.7%	92.6%	92.7%	93.4%	92.2%	92.5%	92.7%	>=92.0%	None
RTT Total incomplete waiting list	33008	30733	32031	33008	34030	34988	34976	35110	35999	35553	35611	34879	34787	34430	350363		
RTT waiting 18 weeks and over (backlog)	2526	2368	2396	2526	2438	2390	2473	2696	3003	2636	2585	2288	2697	2582	25788		
RTT waiting 35 weeks and over	93	76	74	93	113	108	123	120	93	103	148	132	164	153	1232		
RTT waiting 52 weeks and over	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	None
Cancelled operations																	
Last minute cancelled operations for non-clinical reasons (% of elective admissions)	0.9%	1.4%	0.6%	0.8%	0.9%	0.7%	0.8%	0.8%	1.0%	0.6%	0.9%	0.9%	1.3%	in arrears	0.9%	<=0.8%	>1.2%
% of cancelled patients admitted within 28 days	93.3%	96.8%	97.6%	92.6%	91.9%	84.1%	100%	86.8%	92.9%	87.0%	93.9%	92.3%	94.9%	in arrears	92.0%	100%	<90%
Delayed transfers of care																	
% of bed days lost due to delays	3.5%	3.8%	4.0%	3.4%	3.4%	4.0%	4.3%	4.3%	3.7%	5.0%	4.5%	4.5%	4.5%	3.9%	4.2%	<=3.5%	>4.0%
Number of patients delayed at the end of each month	305	58	56	48	53	67	66	48	63	59	61	63	53	72	605	TBC	TBC
Emergency department																	
% admitted or discharged within 4 hours		92.3%	92.3%	90.4%	93.7%	95.2%	92.9%	90.0%	88.5%	95.9%	94.9%	91.3%	88.7%	84.7%	91.6%	>=95.0%	None
% of all ambulance handovers taking longer than 60 mins?	0.8%	1.5%	1.5%	2.1%	0.5%	0.7%	1.2%	2.4%	1.5%	1.3%	0.7%	1.1%	1.4%	in arrears	1.1%	<=1.0%	>2.0%
Number of patients spending >12 hours from decision to admit to admission	12	0	0	12	2	1	0	0	1	0	0	0	0	0	4	0	None

Safe

Effective

Caring

Responsive

Workforce

Efficiency / Finance

CQUIN

Responsive - Cancer

	Jan-16	Feb	Mar	Q4	Apr	May	Jun-16	Q1	Jul	Aug	Sep-16	Q2	Oct	Nov	Dec-16	Q3	Jan-17	Target
Cancer																		
2 week waits – urgent GP referrals	93.7%	96.5%	95.8%	95.4%	95.3%	95.8%	94.8%	95.2%	94.6%	94.7%	95.3%	94.9%	95.2%	96.2%	96.3%	95.9%	in arrears	>=93%
2 week waits - Breast symptomatic referrals	97.0%	97.6%	98.0%	97.6%	97.1%	96.7%	98.4%	97.3%	98.8%	95.3%	99.4%	97.5%	95.7%	95.8%	96.8%	96.8%	in arrears	>=93%
31 day wait for first treatment	99.5%	98.6%	100%	99.4%	99.6%	99.6%	100%	99.7%	98.6%	98.0%	100%	99.3%	99.5%	100%	99.5%	99.7%	in arrears	>=96%
31 day wait for second or subsequent treatment	Surgery	96.7%	100%	97.4%	98.2%	97.9%	100%	99.3%	95.0%	100%	93.3%	96.7%	100%	100%	100%	100%	in arrears	>=94%
	Anti-cancer drugs	100%	100%	100%	100%	100%	97.7%	99.2%	100%	100%	100%	100%	100%	100%	100%	100%	in arrears	>=98%
62 day wait for first treatment	87.0%	89.9%	90.9%	89.1%	88.4%	91.6%	91.4%	90.5%	87.6%	93.1%	87.5%	89.7%	85.4%	90.3%	92.6%	89.7%	in arrears	>=85%
62 day wait for screening patients	88.5%	95.7%	100%	95.7%	93.3%	95.7%	97.0%	95.2%	100%	100%	100%	100%	100%	100%	100%	100%	in arrears	>=90%

Responsive – Cancer 62-day waits standard by tumour group

	Q3	Jan-16	Feb	Mar	Q4	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec-16	Q3	Jan-17	Target	Thres- hold
Brain/CNS	NA	NA	NA	NA	NA	NA	NA	100%	100% (1/1)	NA	NA	NA	NA	NA	NA	NA	NA			
Breast	97.1% (67/69)	95.2%	100%	100%	98.6% (71/72)	100%	100%	96.5%	98.6% (70/71)	100%	97.3%	100%	98.7% (76/77)	100%	100%	100%	100.0% (77.5/77.5)			
Childrens	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA			
Gynaecological	85.7% (12/14)	100%	100%	80.0%	92.0% (11.5/12.5)	85.7%	100%	87.5%	92.0% (11.5/12.5)	83.3%	100%	62.5%	77.8% (7/9)	80%	83.3%	50.0%	78.3% (9/11.5)			
Haematological	67.9% (18/26.5)	78.3%	100%	66.7%	81.6% (15.5/19)	66.7%	100%	100%	86.7% (13/15)	90.0%	100%	57.1%	77.1% (13.5/17.5)	70%	85.7%	100%	83.6% (23/27.5)			
Head & Neck	47.1% (4/8.5)	66.7%	75.0%	0.0%	50.0% (2.5/5)	33.3%	60.0%	80.0%	56.3% (4.5/8)	73.3%	76.9%	100%	83.3% (12.5/15)	0%	100%	66.7%	76.9% (5/6.5)			
Lower GI	86.6% (29/33.5)	84.4%	69.2%	89.7%	81.6% (35.5/43.5)	55.0%	81.0%	78.3%	73.4% (23.5/32)	100%	94.4%	93.5%	95.9% (35.5/37)	100%	100%	79.2%	93.0% (33/35.5)			
Lung	84.6% (16.5/19.5)	90.0%	80.0%	100%	90.9% (10/11)	100%	70.0%	100%	88.5% (11.5/13)	100%	100%	62.5%	90.9% (15/16.5)	64.7%	75.0%	90.0%	74.2% (11.5/15.5)			
Sarcomas	100% (1/1)	NA	NA	NA	NA	NA	NA	100%	100% (1/1)	NA	100%	NA	100% (0.5/0.5)	100%	0.0%	NA	25.0% (0.5/2)			
Skin	98.8% (79.5/80.5)	88.5%	95.2%	100%	94.0% (63/67)	100%	100%	97.0%	99.0% (98/99)	100%	100%	100%	100% (80/80)	96.8%	100%	91.9%	97.1% (68/70)			
Upper GI	84.8% (14/16.5)	92.3%	57.1%	81.8%	80.6% (12.5/15.5)	86.7%	100%	61.5%	84.8% (19.5/23)	38.9%	92.3%	71.4%	67.4% (15.5/23)	88.2%	50.0%	87.5%	81.8% (13.5/16.5)			
Urological	84.1% (63.5/75.5)	80.0%	85.3%	89.7%	84.5% (49/58)	89.3%	87.7%	91.9%	88.8% (91/102.5)	80.4%	83.6%	81.9%	80.3% (75.5/94)	71.4%	82.4%	95.2%	83.3% (80/96)			
Other	100% (3.5/3.5)	85.7%	NA	NA	85.7% (3/3.5)	NA	0.0%	0.0%	0.0% (0/2.5)	100%	NA	100%	100% (3/3)	NA	100%	100%	100.0% (5/5)			
Total	88.5% (307/347)	87.0%	89.9%	90.9%	89.1% (273.5/307)	88.4%	91.6%	91.4%	90.5% (343.5/379.5)	87.6%	93.1%	87.5%	89.7% (333.5/372)	85.4%	90.3%	92.6%	89.7% (325.5/361.5)			
Cancer – 62-day referral to treatment standard – over 104 day waiters																				
Number of patients waiting over 104 days		13	20	14		11	12	7		7	10	8		9	11	10		7		
% of patients waiting over 104 days		1.2%	1.6%	1.2%		1.0%	0.7%	0.4%		0.5%	0.6%	0.5%		0.5%	0.6%	0.7%		0.5%	0%	1.0%
<i>Half numbers are where a patient has been referred here for treatment from another provider or vice versa; the patient is shared between providers The additional figures provided for the quarters are the number of patients treated within the 62-day standard out of the total number of patients treated for that tumour group</i>																				

Board of Directors - PUBLIC-03/03/17

51 of 223

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Efficiency / Finance

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Workforce – Key measures

	15/16	Jan-16	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec-16	Jan-17	YTD	Target	Threshold
Staff numbers																	
Staff in post FTE	N/A	7540	7573	7596	7603	7638	7666	7690	7677	8006	8117	8163	8162	8309	N/A	None	
Vacancy FTE	N/A	988	965	955	953	881	902	910	1012	1009	816	757	797	801	N/A	None	
Starters FTE	1189	109	120	114	114	119	106	119	83	159	175	97	81	225	1278	None	
Leavers FTE	1135	91	77	100	90	86	79	118	95	110	127	75	103	95	978	None	
Turnover																	
Turnover rate % *	14.8%	14.9%	14.6%	14.2%	14.4%	14.2%	14.4%	14.7%	15.1%	14.8%	14.8%	14.5%	14.7%	14.4%		<=14.5%	>15.0%
Nursing turnover rate % *	16.9%	16.3%	16.1%	15.5%	15.5%	15.1%	14.7%	15.3%	14.9%	14.4%	14.4%	14.4%	14.4%	14.0%		<=15.0%	>16.0%
Time to recruit from date vacancy created to date of unconditional offer (days)	New				47.9	50.2	60.6	56.2	59.6	55.6	54.4	47.6	50	52.6	N/A	40	50
Vacancy																	
Vacancy rate - total %	N/A	12.1%	11.9%	11.7%	11.7%	10.9%	10.9%	10.9%	12.2%	11.9%	9.3%	9.2%	9.7%	9.8%	N/A	<=11.5%	>13.0%
Vacancy rate – nurses %	New				16.9%	16.3%	16.0%	16.1%	15.9%	15.8%	14.6%	13.9%	13.9%	15.8%	N/A	<=16.0%	>17.5%
Agency spend																	
Agency spend as % of pay bill	9.9%	9.7%	10.5%	9.9%	7.8%	8.9%	7.4%	8.9%	7.0%	6.9%	8.1%	7.2%	8.0%	8.4%		<=8.0%	>10.0%
Agency spend – total (£000s)	40705	3080	3409	3242	2516	2926	2401	2920	2293	2265	2679	2397	2626	2830		2423	2666
Agency - doctors (£000s)	17375	1199	1190	940	964	1230	896	1369	828	1085	1234	995	1113	1333		None	
Agency - nurses (£000s)	13534	927	1241	1071	994	828	869	866	622	598	615	617	556	724		None	
Agency - other (£000s)	9796	954	978	1231	558	868	636	685	843	582	830	785	957	773		None	
Sickness																	
Sickness absence rate % *	3.0%	3.0%	3.0%	3.0%	3.0%	2.7%	2.7%	2.5%	2.5%	2.7%	3.1%	2.9%	3.2%	3.3%		<=2.9%	>3.2%
Appraisal rates																	
Appraisal (non-medical) % **	N/A	32.0%	36.0%	35.0%	77%			75%			In arrears			N/A	>=80.0%	<70.0%	
Appraisal (medical) %	N/A	92.4%	94.0%	94.0%	94.9%	95.8%	96.6%	97.4%	95.4%	96.0%	95.8%	97.7%	97.4%	96.9%	N/A	>=80.0%	<70.0%
Training																	
Statutory and mandatory training % ***	N/A	***									52.86%			55.03%		>=85.0%	<60.0%
Friends & family test for staff																	
% recommending here as a place to work	N/A	66.0%			74%			72%			In arrears				>=70%	<62%	
% recommending here as a place for care	N/A	84.2%			92%			90%			In arrears				>=86%	<79%	
* "YTD" figures for turnover and sickness absence are the average performance over the past 12 months																	
** This data is currently taken from the staff friends and family test, where a question has been added to assess appraisals undertaken in the previous 12 months																	
*** Work continues to standardise the electronic staff record (ESR) trust-wide from which this data is taken																	
**** The quality of the data from the TRAC system used for this measure is currently being reviewed																	

Efficiency & Finance – Efficiency Key measures

	15/16	Jan-16	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec-16	Jan-17	YTD	Target	Threshold
Outpatients																	
Did not attend (DNA) rates	6.5%	6.6%	6.3%	6.7%	6.4%	6.4%	6.8%	7.0%	7.1%	7.2%	6.9%	7.1%	8.1%	7.6%	7.0%	<=7.6%	>10.2%
Outpatient new to follow-up ratios *	2.16	2.15	2.11	2.13	2.09	2.05	2.00	2.06	2.01	1.99	1.95	2.00	1.99	1.94	2.01	<=2.41	>3.59
Average length of stay																	
Elective length of stay	2.53	2.24	2.43	2.55	2.07	2.65	2.68	2.53	2.73	2.49	2.60	2.53	2.54	2.45	2.52	<=2.77	>3.59
Non-elective length of stay	4.10	3.95	4.16	4.12	4.33	3.84	3.93	4.04	4.32	4.00	3.83	3.96	4.01	4.20	4.04	<=3.91	>5.05
Day case rate																	
% day cases of all electives	81%	82%	81%	80%	80%	81%	81%	82%	82%	82%	82%	82%	81%	83%	81%	>=80%	<70%
Theatre utilisation																	
Intra-session theatre utilisation rate	73%	72.9%	72.8%	71.3%	73.6%	73.2%	74.2%	72.5%	73.0%	73.1%	74.3%	74.3%	72.8%	73.2%	73.4%	>=85%	<70%
* The methodology for counting new and follow-up appointments at HWP has been reviewed and amended from April 2016 onwards																	

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Efficiency & Finance - Finance Key measures

	Year to Date (Month 10)					Forecast Outturn				
	Plan £m	Actual £m	Variance £m	Target	Threshold	Plan £m	Actual £m	Variance £m	Target	Threshold
Income	540.3	549.0	8.7	See EBITDA		652.1	659.1	7.0	See EBITDA	
Expenditure	500.0	507.0	(7.0)	See EBITDA		600.9	607.2	(6.3)	See EBITDA	
EBITDA (income less expenditure)	40.3	42.0	1.7	0.0	(0.4)	51.2	51.9	0.7	0.0	(0.4)
Financing costs	23.7	24.8	(1.1)	0.0	(0.4)	28.6	29.8	(1.2)	0.0	(0.4)
Net / surplus deficit	16.6	17.2	0.6	0.0	(0.4)	22.6	22.1	(0.5)	0.0	(0.6) *
CIPs	18.2	16.4	(1.8)	0.0	(1.5)	22.5	19.9	(2.6)	0.0	(1.5)
Cash balance	84.8	59.5	(25.3)	0.0	(10.0) **	85.4	79.0	(6.4)	0.0	(12.0) **
Capital expenditure	35.2	33.4	(1.8)	0.0	(2.5) ***	43.1	43.1	0.0	0.0	(0.4)

Figures in brackets indicate an adverse position

* Net / surplus deficit - threshold amended in December 2016

** Cash balance - threshold changed in December 2016 - now cumulative at £1m per month , given material variances are correlated to STF payments

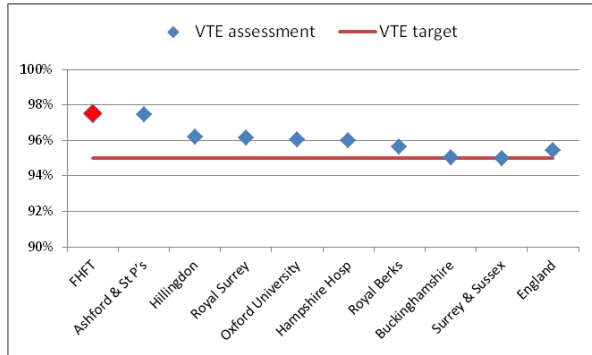
*** Capital expenditure – threshold amended in December 2016 due to timing differences in invoices/payments this month

National CQUIN – Key measures

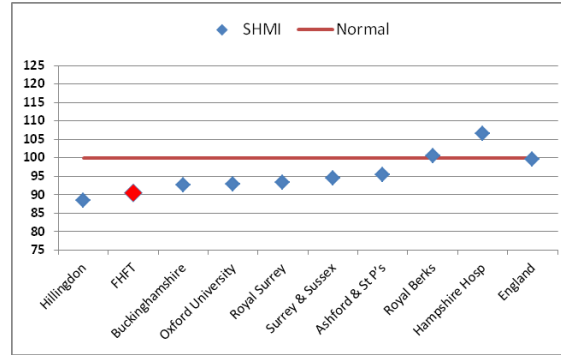
	15/16	Jan-16	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec-16	Jan-17	YTD	Target	Threshold
Sepsis CQUIN – in the emergency department (Part a)																	
The percentage of patients who met the criteria for sepsis screening and were screened for sepsis (Part 1)		86%	88%	93%	92%	94%	92%	98%	94%	96%	94%	96%	88%	In arrears			Q4 = 90%
The percentage of patients who present with severe sepsis, Red Flag Sepsis or septic shock to emergency departments, and were administered intravenous antibiotics within 1 hour (Part 2)		81%	91%	83%	77%	80%	93%	87%	87%	80%	80%	80%	87%	In arrears			Q4 = 90%
Sepsis CQUIN – for acute inpatients (Part b)																	
The percentage of patients who met the criteria for sepsis screening and were screened for sepsis (Part 1)	New				62%	52%	56%	52%	56%	60%	62%	76%	70%	In arrears			Q4 = 90%
The percentage of patients who present with severe sepsis, Red Flag Sepsis or septic shock to other units that directly admit emergencies, and were administered intravenous antibiotics within 90 minutes of presentation (Part 2)	New				57%	37%	80%	67%	70%	57%	67%	63%	64%	In arrears			Q4 = 90%
* Local targets to be agreed with commissioners shortly																	

Benchmarking – selected measures

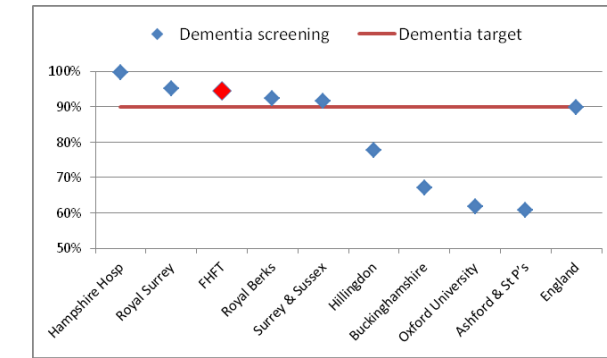
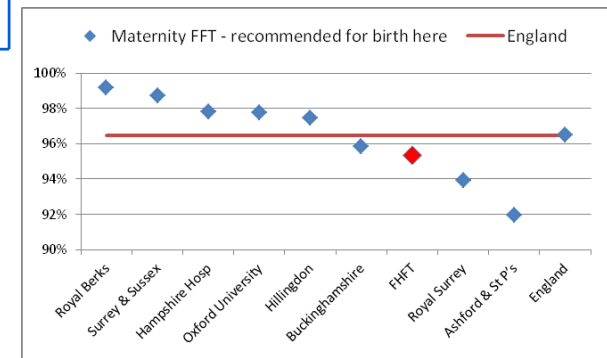
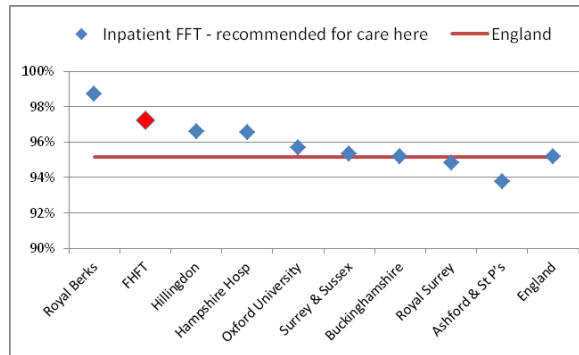
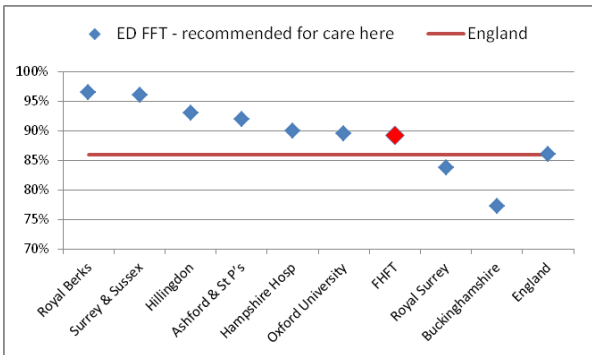
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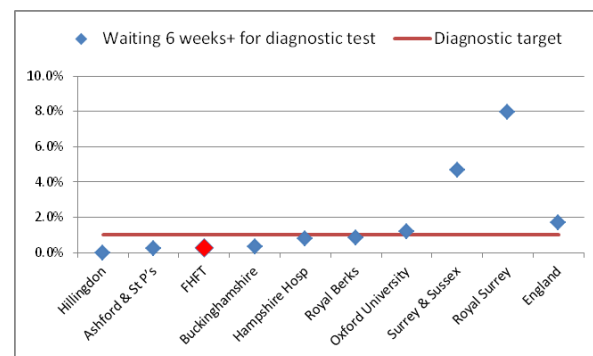
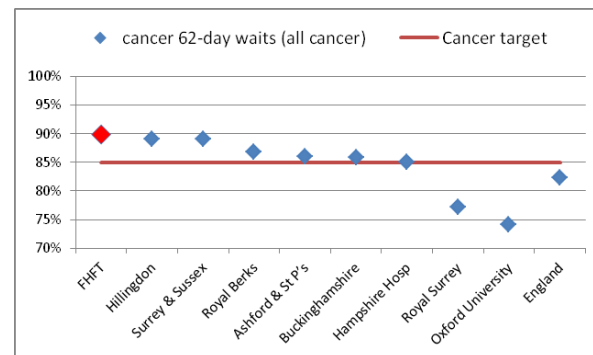
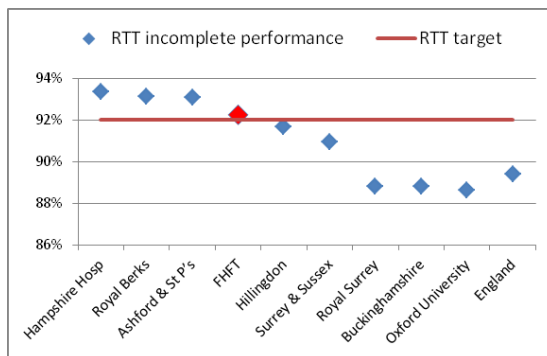
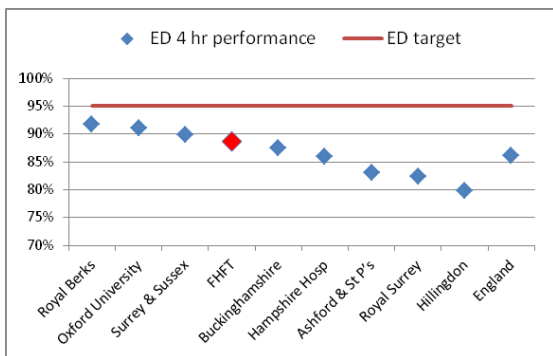
Caring



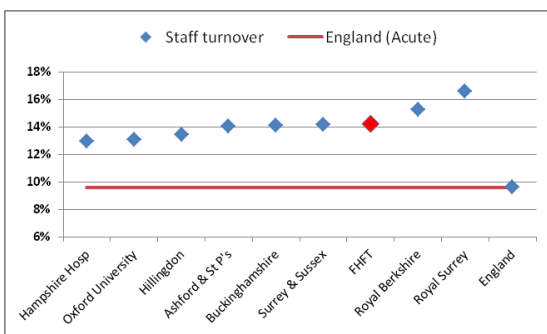
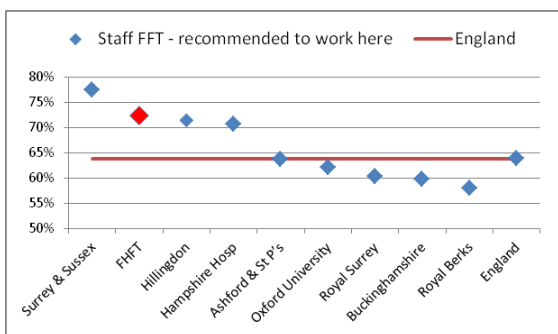
NOTE – for each graph, the position furthest to the left is the best performing trust
Data periods: VTE = Q2 2016/17; SHMI = Nov 2015 – Oct 2016; ED FFT, Inpatient FFT, Maternity FFT (friends & family test) = Dec 2016; Dementia = Q2 2016/17

Benchmarking – selected measures

Responsive



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NOTE – for each graph, the position furthest to the left is the best performing trust

Data periods: A&E (4 hour target) = Dec 2016; RTT (incomplete pathways) = Dec 2016; Diagnostic test waits = Dec 2016; Cancer = Q3 2016/17; Staff FFT (friends & family test) = Q2 2016/17; Staff turnover = Oct 2016

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Activity

	15/16	Jan-16	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec-16	Jan-17	YTD	YTD % change
GP and general dental practitioner referrals to all outpatients																
NHS North East Hampshire & Farnham	40777	3348	3629	3872	3860	3750	3852	3210	3553	3501	3552	3568	2964	3384	35194	6%
NHS Slough	37444	3171	3246	3331	3302	3217	3705	3347	3514	3608	3328	3657	3253	3524	34455	12%
NHS Windsor, Ascot & Maidenhead	31293	2586	2697	2862	2746	2662	2902	2690	2568	2817	2839	2890	2571	2864	27549	7%
NHS Bracknell & Ascot	19019	1603	1574	1799	1819	1583	1653	1573	1655	1596	1595	1676	1332	1645	16127	3%
NHS Surrey Heath	17109	1341	1472	1615	1507	1641	1519	1455	1527	1614	1603	1522	1180	1247	14815	6%
NHS Chiltern	13931	1170	1248	1204	1196	1126	1220	1165	1202	1342	1147	1260	1096	1188	11942	4%
Other CCG's	15844	1274	1512	1345	1493	1330	1429	1298	1293	1366	1327	1329	1038	1302	13205	2%
Total	175417	14493	15378	16028	15923	15309	16280	14738	15312	15844	15391	15902	13434	15154	153287	6%
% change on previous year		4%	13%	3%	14%	10%	11%	0%	19%	3%	0%	8%	-1%	5%		
Outpatient attendances																
New attendances *	276654	22764	23251	22721	23377	24027	25430	22542	24249	25415	24557	26100	21470	24282	241449	5%
Follow-up attendances *	598901	48987	49044	48407	48956	49270	50771	46440	48642	50504	47943	52108	42664	46989	484287	-3%
Total OP attendances	875555	71751	72295	71128	72333	73297	76201	68982	72891	75919	72500	78208	64134	71271	725736	-1%
% change on previous year		-3%	3%	-8%	0%	7%	-4%	-11%	11%	-2%	-2%	2%	-7%	-1%		
Emergency department (ED) attendances																
ED attendances (total)	230609	19578	18716	20859	18795	20758	19970	21519	19459	19981	20344	19752	19713	19458	199749	5%
% change on previous year		14%	15%	4%	2%	6%	3%	11%	5%	6%	6%	3%	4%	-1%		
Non-elective admissions																
Non-elective admissions (total)	104021	9080	8652	9459	8667	9216	9232	9480	8687	9275	9439	9476	9390	9013	91875	7%
% change on previous year		8%	14%	7%	7%	9%	12%	11%	4%	8%	8%	9%	3%	-1%		
Elective admissions																
Daycase	64339	5462	5560	5264	5570	5271	5507	5586	5530	5977	5867	6189	5031	5849	56377	5%
Overnight	15539	1194	1301	1307	1416	1274	1318	1259	1234	1320	1261	1360	1156	1220	12818	-1%
Regular day attenders	15821	1303	1256	1344	1198	1355	1437	1275	1301	1330	1186	1477	1176	1372	13107	-1%
Total elective admissions	95699	7959	8117	7915	8184	7900	8262	8120	8065	8627	8314	9026	7363	8441	82302	3%
% change on previous year		-2%	3%	-13%	9%	6%	-2%	-6%	11%	1%	-1%	14%	-2%	6%		
* The methodology for counting new and follow-up appointments at HWP has been reviewed and updated from April 2016																

Appendix A – Methodologies & glossary

Appendix A

Appendix A – Methodologies for calculating the measures

Measure name	Numerator	Denominator	
Length of stay	<ul style="list-style-type: none"> Total number of bed days occupied Excludes private patients Excludes daycases Based on admission method, split between elective (from a waiting list) and non-elective admissions (includes emergencies and obstetrics) 	<ul style="list-style-type: none"> Total number of discharges in the period 	<ul style="list-style-type: none"> Expressed as a proportion Measure is consistent with that reported on HED (benchmarking service)
Readmissions	<ul style="list-style-type: none"> Emergency readmissions to any specialty following an elective or non-elective spell Readmission length of stay must be at least 1 day ie an overnight stay Readmission occurs within 30 days of previous discharge 	<ul style="list-style-type: none"> Total number of discharges (completed spells) in the period prior to the last 30 days 	<ul style="list-style-type: none"> Measure is consistent with that used by CQC
Daycase %	<ul style="list-style-type: none"> Total number of admitted spells where the intended management was daycase, they were admitted electively (off a waiting list) and their spell length of stay was 0 days 	<ul style="list-style-type: none"> Total number of elective spells (admitted off a waiting list) 	<ul style="list-style-type: none"> Expressed as a percentage

Appendix A – Methodologies for calculating the measures

Measure name	Numerator	Denominator	
Outpatient new to follow-up ratio	<ul style="list-style-type: none"> Number of follow-up outpatient attendances for all referrals and all appointment types (consultant and non-consultant led). Includes ward attenders and private patients 	<ul style="list-style-type: none"> Number of new outpatient attendances 	<ul style="list-style-type: none"> Expressed as a ratio where one new attendance results in “n” follow-up attendances Measure is consistent with that reported on HED (benchmarking service)
Outpatient DNA rates	<ul style="list-style-type: none"> Number of outpatient appointments where the patient did not attend. Includes all referrals and all appointment types (consultant and non-consultant led). Includes private patients 	<ul style="list-style-type: none"> Number of outpatient attendances plus the number of appointments where the patient did not attend 	<ul style="list-style-type: none"> Expressed as a percentage Measure is consistent with that reported on HED (benchmarking service)

Safe

Effective

Caring

Responsive

Workforce

Efficiency / Finance

CQUIN

Appendix A – Methodologies for calculating the measures

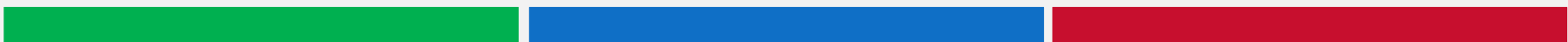
Measure name	Numerator	Denominator
Falls resulting in significant injury (rate per 1000 beddays)	<ul style="list-style-type: none"> Falls recorded on Datix resulting in moderate or severe harm or death 	<ul style="list-style-type: none"> Total number of occupied beddays (including daycases) Divided by 1000
		<ul style="list-style-type: none"> Expressed as a rate

Appendix A - Glossary

Term	Meaning
CCG	Clinical Commissioning Group
CIP	Cost Improvement Plan or Programme
CoSRR	Continuity of Services Risk Rating <i>As from 1st October 2013 Monitor's new Risk Assessment Framework replaced the old Compliance Framework. Part of the change saw the Financial Risk Rating (FRR) being replaced by the Continuity of Services Risk Rating. This measure is designed to describe the risk of a provider failing to carry on as a going concern. The scale is rated from 1 to 4 with 4 being 'No evident concerns' and 1 being 'Significant Risk'</i>
CQUIN	Commissioning for quality and innovation
CRAB	CRAB (Copeland's Risk Adjusted Barometer) is based on the POSSUM scoring system
EBITDA	Earnings before interest, tax, depreciation and amortization
FHFT	Frimley Health NHS Foundation Trust
FPH	Frimley Park Hospital
HWP	Heatherwood and Wexham Park Hospitals
POSSUM	Physiological and Operative Severity Score for the enUmeration of Mortality and Morbidity
YTD	Year-to-date

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6.2

FRIMLEY HEALTH NHS FOUNDATION TRUST

Quality Improvement Plan as at February 2017

Ragging Key:

Achieved/on target/progress
made

In progress but some challenges

Significant difficulty, poor
progress

Action achieved, closed

**Quality Committee Quality Improvement Plan
as at February 2017**

Site	Recommendation & Current Risk Rating	Actions	Target Completion Date	Director Lead(s)	Manager	Monitoring Committee	Current Status
Frimley Health	Recruitment & Retention Continue to improve staffing recruitment and retention	The Trust has put in place a robust recruitment plan and this is monitored regularly by Directors and reported monthly to the Board. The Trust will continue to actively recruit and retain staff using all tools and resources possible.	Jan-17	Director of HR & Corporate Services / Director of Nursing	Deputy Director of Nursing (WPH) / Assistant Director of Resourcing	Workforce Committee	<p align="center"><u>Key updates include:</u></p> <ul style="list-style-type: none"> Nursing vacancy rate decreased to 14.6% in December 16 A vacancy trajectory is in place to further decrease the vacancy rate to 11% by Sept 2017 30 Candidates from Philippines recruited in August due to start from February. Second trip to the Philippines planned for March 2017. Turnover at WP has decreased significantly from 25% to 16% <p align="center">Staffing paper to BOD March 17</p>
Wexham	CT Scanner Wexham Park Consider plans for an additional CT scanner and integrated x-ray within the new emergency centre development planned for 2016 (these are on-going improvement initiatives)	Plans in development for second CT scanner within current Radiology Department	Q4 16/17	Director of Ops (WPH)	Director of Diagnostics / Head of Radiology	Capital Planning Committee	Drawings produced for comment. Design team appointed. Progress is on track for completion date New Ct scanner build underway
		Third CT scanner planned within the new Emergency Centre development	Q1 17/18			CDIC	Space included in design but Scanner funding to be agreed

Site	Recommendation & Current Risk Rating	Actions	Target Completion Date	Director Lead(s)	Manager	Monitoring Committee	Current Status
Frimley Health	EDMS Consider the size and organisation of paper health records This will remain an ongoing piece of work until such time as all of the records become electronic as part of the EDMS project. Until that time we are continuing to split records each month to meet the size requirement.	EDMS programme over the next 2 years within pilot specialities due to go live in June 2016	EDMS programme to commence June 2016	Director of Ops (WPH)	Head of Nursing and General Manager Outpatients	OPD HCG	Roll out of EDMS deferred to January 17 Each speciality to ensure relevant staff have completed EDMS training package Each speciality to be clear where they are in EDMS roll out programme Wards to understand role of Ward Clerk Each ward to risk assess position in terms of ward clerks and numbers of discharges each day Floor Walkers to be available to support implementation & to provide out of hours advice via telephone Phase 1 successfully in place
Frimley Health	Mandatory Training Data To consider mandatory training data available from Frimley & Wexham and amalgamate into one new system to avoid potential for inaccurate data and inability to provide evidence of compliance	All statutory mandatory training records to be entered on OLM	Mar-17	Director of HR & Corporate Services / Director of Nursing	Deputy Director of Nursing (WPH) / Assistant Director of Resourcing	Workforce Committee	Although significant progress has been made, there remain hot spots including Safeguarding, Dementia (at WPH) and Prevent training all of which have improvement plans monitored through the Safeguarding Committees and at CQRM Each directorate to review own compliance against mandatory training stats and improving compliance Subject Training Leads meeting monthly Hot spots and priorities to be presented at next Quality Committee to target any shortfalls that may impact on patient safety
Frimley Health	Medical Staffing Out of Hours / Use of Agency To ensure early identification of potential gaps in medical staffing cover out of hours and minimise the use of agency staff	To establish a Medical Staffing working Group	Dec-16	Medical Director	Deputy Medical Directors FPH & WPH	Workforce Committee	New Medical rotas sub group chaired by Director of HR Early identification of agency gaps through Medical Staffing Temporary Staffing workstream, group meeting fortnightly, successful for nursing, now focusing on Medical staff workstream, Medical Consultant representative from each site to attend. Position reviewed monthly at Performance

Site	Recommendation & Current Risk Rating	Actions	Target Completion Date	Director Lead(s)	Manager	Monitoring Committee	Current Status
		Each speciality to review medical staffing model and make recommendations to mitigate forthcoming expected gaps in junior doctor rota	Mar-17	Medical Director	Deputy Medical Directors FPH & WPH		
Frimley Health	Deteriorating Patient: To ensure all clinical staff have the right skills & tools to recognise & deliver timely treatment to the deteriorating patient	Audit to be undertaken of NEWS across all 3 sites in Q4 16/17	Apr-17	Medical Director	Lead Nurse for Deteriorating Patient	Resuscitation Committee	Await results of audit of NEWS Specialities to reinforce NEWS and escalation and reflect on how well new NEWS scoring system working within own speciality
		Learning from SIs and M&M Reviews to be incorporated into training programmes	Ongoing				July update: Plan in place to implement into High fidelity simulation for the medical Registrars programme currently on the Wexham site. Continues to be a theme arising from Morbidity & Mortality reviews and serious incidents
		Observational review of compliance with Hospital at Night arrangements to be undertaken regarding implementation and effectiveness of night-time handover	Oct-16				Achieved Observational audit carried out, results awaited
		Monitor compliance with the Patient Safety Alert 'Resources to Support Safer Care of Deteriorating Patient (adult and children)	Jan-17				September update: Site-specific action plans in place Audit to be carried out Q4
		Increase teaching for foundation and core trainees in recognition, management and escalation of deteriorating patients	Dec-17				Progressing well

Site	Recommendation & Current Risk Rating	Actions	Target Completion Date	Director Lead(s)	Manager	Monitoring Committee	Current Status
Frimley Health	Sepsis To implement the new NICE guidelines for recognition and Management of Sepsis (NG51) Q4 CQUIN target 90% compliance for screening and administering IV Abx	Monitor compliance of the Sepsis Screening Tool through quarterly audits	Mar-17	Medical Director	Head of Patient Safety	Sepsis Committee	Currently not achieving 90% on either site All specialities to review compliance with sepsis screening at directorate clinical governance meetings Sepsis Roadshows underway Educational Day at WPH New Sepsis video launched
		Agree and implement the paediatric sepsis screening tool	Nov-17				Paeds screening tool agreed at Clin Gov November 16 Achieved
		To align microbiology support and advice as part of the implementation of the new Sepsis Screening tool to ensure all priorities are achieved	Nov-16				Discussions underway led by Medical Director
Frimley Health	Do Not Attempt Resuscitation To ensure there is evidence that DNAR decisions have been appropriately discussed & and are displayed in the medical records (at the front)	To undertake a Trustwide DNAR audit in July 2016 with results to be presented to Trust Quality Committee in November 2016	Mar-17	Medical Director	Lead Nurse for Deteriorating Patient	Resuscitation Committee	Cross site DNACPR audit 100 patients in July No change pre-July Audit December update: Results of audit have been presented at the Resuscitation Committee and Trust Quality Committee Specialities to reinforce DNAR principles as still a reluctance to set ceilings of care and documentation of DNAR Medical Director to identify Consultant lead
Frimley Park	Emergency Pressure / Bed Capacity To ensure quality of patient care through maximisation of bed	Additional medical ward due to be opened December 2016 on FPH site	Dec-16	Director of Operations	AD for Medicine	Unscheduled Care	Achieved, G6 opened

Site	Recommendation & Current Risk Rating	Actions	Target Completion Date	Director Lead(s)	Manager	Monitoring Committee	Current Status
	capacity and patient flow	Awaiting decision regarding beds at Fleet Hospital	Nov-16				Due diligence underway Project team meetings underway, plans supported by CCGs & Vanguard, funding agreed via Vanguard Achieved Fleet Hospital and Community Services transferred to FPH 1/1/17 Increased bed capacity on Calthorpe Ward from 18 to 20 beds
		Recruiting care assistants to staff care packages in the community	Nov-16				8 care assistants recruited Achieved
		To support staffing closed beds in local care homes	Mar-17				Agreed to jointly fund with social care 20 care home beds to be used for discharges
Frimley Health	Discharge Planning To ensure there is a robust discharge planning process in place to reduce patients' length of stay, pressure on hospital beds and patient readmission	Discharge planning is a Transformation Workstream supported by the Project Management Office (PMO), currently developing prioritised action plan with 'quick' wins and long term actions to be taken	Mar-17	Director of Nursing / Director of Operations		Transformation Group Heads of Nursing	Revised Discharge Policy by Q3 16/17 EDD dashboard ready to go live on Frimley site, Wexham to go live January 17 Deputy Director of Operations at WPH, was leading a strategic Trust-wide discharge group, with various other work streams feeding into it. Over-arching action plan developed and is also being driven as part of a CQUIN Nurse in charge competencies including effective ward rounds & discharge planning implemented - 215 nurses across Frimley Health in last 6 months Joint Meeting to be held 19/1/17
		To review the management of private funding for nursing home care and support families who are privately funded	Nov-16	Director of Operations	Matron - Patient Access	Urgent Care Board	Funding has been agreed by CCG and lead in post but being used by CCG for other purposes. Director of Ops resolved Social worker to manage and work with private funders to reduce delays & expedite decision making, evoking CHOICE protocol where appropriate

Site	Recommendation & Current Risk Rating	Actions	Target Completion Date	Director Lead(s)	Manager	Monitoring Committee	Current Status
Frimley Health	Clinical Handover To ensure consistency in both medical and nursing handover arrangements & ownership	Roll out of Ward Handover model to be achieved by September 16	Sep-16	Medical / Nursing Directors	FPH DD of Nursing	Quality Committee	Achieved Matrons tasked with ongoing monitoring of compliance with agreed standards for clinical handover and reporting to Nursing & Midwifery Board
		'Day into Night' medical handover to be reviewed to agree standard process for handover, attendance list and key issues to be discussed	Q3 16/17		FPH Deputy MD		Observational audit currently underway for medical handover, 'Day to Night' on both sites. Sign up to Safety Matron & Lead Nurse for Deteriorating Patient facilitating this review with Chief Registrars on each site December update: Oct/Nov-16: Observations at FPH demonstrated poor attendance, knowledge and by-in from doctors (although good engagement by site/bed management teams). Observation at WPH showed evening hospital at night meeting is "business as usual" with good attendance and engagement. Handover Matron working with Chief Registrar at FPH to engage specialities and identify key information to be shared at meeting.

Site	Recommendation & Current Risk Rating	Actions	Target Completion Date	Director Lead(s)	Manager	Monitoring Committee	Current Status
		Observational review of compliance with Hospital at Night arrangements to be undertaken regarding implementation and effectiveness of night-time handover	Mar-17		WPH Deputy MD		Audit to be undertaken at WPH of scope of work undertaken at night by FY1 & FY2 in Medicine To be replicated in Surgery and on the Frimley site Different levels of maturity on each site, more embedded at Wexham Park Hospital Discussed at Critical Care Delivery Group and all Chiefs of Service asked to support attendance at night-time handover to ensure patient safety and priorities are aligned throughout the night Medical Director & Deputy Medical Director on FPH site to liaise with Chief Registrar to format a plan moving forward
Frimley Health	Consent / Local Safety Standards for Interventional Procedures To ensure appropriate checking processes are in place for patients undergoing invasive procedures undertaken outside of Theatres	Recommendations to be considered from national guidance NHS England Patient Safety Alert re: Supporting the introduction of the National Safety Standards for Invasive Procedures published, actions to be taken by September 2016 (progress with implementation)	Sep-16 (The Trust will be expected to demonstrate progress made with implementation by 14th Sept. The deadline for development of all LocSSIPs is still to be confirmed by NHS England)	Medical Director / Director of Nursing	Deputy Medical Director (FPH)	Quality Committee	<ul style="list-style-type: none"> •LocSSIP project lead now in post who will be based at Wexham Park to drive the LocSSIP programme across the organisation. They will support the procedural teams in developing and implementing LocSSIPs within each specialty and provide leadership around culture change and MDT training. •Radiology and Theatres will be presenting their initial LocSSIPs at the next LocSSIP Group in February 2017. •Work is currently underway to develop vascular access pathways (central lines, vas caths and mid lines) and the lumbar puncture LocSSIP for both adults and children. Discussions will take place with Haematology regarding the bone marrow LocSSIP. •The aim is for Cardiology and Respiratory to have completed their LocSSIPs by the end of March.

Site	Recommendation & Current Risk Rating	Actions	Target Completion Date	Director Lead(s)	Manager	Monitoring Committee	Current Status
		Review consent documentation and procedures & implement new process	Dec-16			Consent Policy & Implementation Group	<ul style="list-style-type: none"> •Additional Band 7 project lead now in post since 12th December to drive consent programme. •All existing pre-populated consent forms are currently being reviewed. Pre-populated consent forms for specific orthopaedic procedures have been developed and are due to be implemented. •Each consent project lead will focus on one of the identified high risk areas (Obs & Gynae, Orthopaedics and General Surgery) to ensure learning from Never Events, claims and serious incidents is disseminated within the specialty. •Annual Trustwide Consent audit is currently underway across all sites. Notes for the identified specialties are being reviewed by a mix of senior nurses and medical staff. •Full time Band 6 Sign up to Safety Facilitator appointed to support the campaign, particularly around consent programme with a key focus on patient information – starts Feb 2017
		Review current patient information with particular focus on risks and benefits to support the consent process for high priority	Q4 16/17			Consent & Implementation Group	<ul style="list-style-type: none"> • Patient information leaflets across Frimley Health being reviewed with a view to standardisation July Update: this won't be completed by Sept as looking to employ someone to take on pt info December update: SU2S Facilitator appointed who will be looking at patient information as part of the consent workstream

Site	Recommendation & Current Risk Rating	Actions	Target Completion Date	Director Lead(s)	Manager	Monitoring Committee	Current Status
Frimley Health	Perineum Damage To Improve care of the perineum during delivery to reduce the number of 3rd and 4th degree tears and to improve women's experience	Monitor LSCS rates to establish whether a reduction in 3 rd and 4 th degree tears will result in a reduced number of Elective Caesarean Sections for the indication "previous perineal trauma".	Q4 16/17	Director of Nursing	Deputy Head of Midwifery FPH		January update: The rate of 3rd/4th degree tears for Q3 was 2.62% of total births at FPH site (target 2.5%). The teaching programme is now established at WPH site. Patient literature nearing completion for WPH site. Complaints and claims regularly reviewed and fed back to staff. Implementation of Episissors for WPH site imminent. Project aligned with pilot for national care bundle. Next steps are to continue project at WPH. Embed use of Episissors at WPH. Establish links with universities serving WPH to access student midwives. Maintain impact of project at FPH site. Continue secondment to national project to ensure alignment.
Frimley Health	Cancer Pathways To improve the number of patients treated within the 62 day cancer target and to reduce the number of patients whose diagnosis and treatment takes longer than 104 days To improve cancer patient experience and rationalise referral pathways	Work with commissioners and GPs to improve quality of referrals	Ongoing	Directors of Operations	AD Surgery	Cancer Board Executive Board Trust Board	Meetings have taken place with Berkshire and Surrey. Audit of referral quality & Patient information completed at HWP and to be presented to E Berkshire Cancer Strategy Group for discussion and action Achieved
		Ensure appropriate teleconferencing facilities are in place	Q4 16/17	Directors of Operations	CIO		Request made again to Informatics. August update: business case in development by IT. Top Team have not agreed funding, issues continue to arise

Site	Recommendation & Current Risk Rating	Actions	Target Completion Date	Director Lead(s)	Manager	Monitoring Committee	Current Status
		Complete internal peer review for all MDTs with failing pathways	Apr-17	Directors of Operations	CoS surgery & HoN Cancer		Planning in progress, on track to complete work by end of December 16 December update: Planning in progress, now aim to complete by end of Q4
		Complete pathway and referral reviews and recommend changes to referral routes	Oct-16	Directors of Operations	AD surgery		Full Pathway reviews for all areas at Wexham complete, work has commenced at FPH, to be completed by end November 16 December update: Full Pathway reviews for all areas complete. Implementation in progress Achieved
Frimley Health	Management of Patients with Mental Health Issues & Learning Disabilities To review with mental health colleagues the increase in number and complexity of patients with with mental health needs	To establish Mental Health Crisis Group to review current situation	Nov-16	Director of Nursing	Deputy Director of Nursing FPH		Achieved with representation from Surrey Borders, Safeguarding & ED Highlighting issues & concerns regarding quality & safety of patients through CQRM particularly placement of adolescents Continuing issues with CAMHS service out of hours and at weekends, to re-issue pathway for 16 to 17 year olds
		To establish/develop activity data including numbers of referrals, patients requiring sectioning under the Mental Health Act, specials	Dec-16	Director of Nursing	Deputy Director of Nursing FPH		First draft of data reviewed and will be further refinedwith stakeholders
		The Trust should ensure that staff have clarity around accountability and Duty of Care when managing patients sectioned under the MHA including the use of restraint	Dec-16	Director of Nursing	Deputy Director of Nursing FPH		Specialist Simulation training to be provided for key stakeholders including security team Awareness Meeting held with MAYBO to discuss how to provide security staff with next level restraint training Maybo proposal for simulation training to be sustained through train-the-trainer Rapid Tranquilisation Policy in draft

Site	Recommendation & Current Risk Rating	Actions	Target Completion Date	Director Lead(s)	Manager	Monitoring Committee	Current Status
		The Trust should ensure that any patient detained under section 2 of the MHA with a high risk of absconding, self-harm and previous suicidal attempts must be escalated and addressed by the senior nursing staff if a RMN or a 1:1 specialist cannot be provided. All patients requiring 1:1 supervision should receive a daily assessment of their requirement and priority for 1:1care		Director of Nursing	Assoc Director for Site Management		All patients sectioned under the Mental Health Act are now highlighted & discussed at the Bed Management Meetings
		The current risk assessment template should be reviewed to provide detailed robust documentation of the risks and the decisions and associated mitigations implemented including the use of restraint and the placement in a ward with restricted access.	Dec-16	Director of Nursing	Head of Nursing Emergency & Cardiovascular Medicine		Current risk assessment documentation under review to include restraint & placement of patients sectioned under the MHA. This is part of the new Specials 1:1 Policy Policy approved at Nursing & Midwifery Board, now at implementation stage
Wexham	Ensure all staff in outpatients have development opportunities and training as agreed in their personal development plans (PDP) (These are on-going improvement initiatives which refer to Radiology staff)	Continue with recruitment and retention initiatives within the Radiology Department	Dec-16	Director of Ops (WPH)	Head of Radiology	Quality Committee	On-going recruitment within Radiology 16.9 vacancies in Radiography staff, 2 posts offered to trainees as at Oct 16 January update: 7 posts offered

Site	Recommendation & Current Risk Rating	Actions	Target Completion Date	Director Lead(s)	Manager	Monitoring Committee	Current Status
Wexham	Improve Pharmacy support for the emergency department and decision unit (EDDU) in particular	To review Pharmacy support in Emergency Department in line with national benchmarking and provide accordingly	Dec-16	Director of Ops (WPH)	Chief Pharmacist	Top Team	<p>Paper not approved by Top Team – business case to be revised and then resubmitted to Top Team for consideration - date to be confirmed</p> <p>October update: Top Team is unlikely to be endorsing any schemes before Quarter 4 at the earliest, so although the papers have been produced for Top Team, no decision has yet been made</p> <p>Dec16 update: Confirmation that no funding in current financial year to provide additional pharmacy resource to ED on either site. Suggestion from Director of Operations to look at moving budgets if feasible.</p>

Site	Recommendation & Current Risk Rating	Actions	Target Completion Date	Director Lead(s)	Manager	Monitoring Committee	Current Status
Frimley Health	<p>Seven Day Services To ensure that all specialities meet the 4 key clinical standards required as being 'must do' by 2020 in terms of providing a 7-day service including: * patients wait no longer than 14 hours to initial consultant review * patients get access to diagnostic tests with a 24-hour turnaround time, for urgent requests (12 hours) and for critical patients, one hour * patients get access to speciality, consultant directed interventions * patients with high-dependency care needs receive twice-daily speciality consultant review, and those patients admitted to hospital in an emergency will experience daily consultant-drected ward rounds</p>	<p>From last national audit of 7-day services the Trust benchmarked well against peers & nationally but below target, actions to be taken include:</p> <p>*Audit findings to be analyzed by site to see where key issues lie</p> <p>*To review and improve access to diagnostics, i.e echocardiography and MRI out of hours</p> <p>*To reinforce the requirement to Document name & seniority of clinician to provide around who is reviewing patient and when</p>		Medical Director	Deputy Medical Directors FPH & WPH	Quality Committee	
Frimley Health	<p>Emergency Readmissions To ensure that the Trust has a good understanding of the number of emergency admissions within 30-days of the original procedure/stay and the associated financial opportunity of reducing this number</p>	All specialities to review their data analysis and coding for emergency readmission to better understand their current position	Apr-17	Medical Director	Chiefs of Service	Quality Committee	

Report Title	Month 10 Finance Report to The Board of Directors
Date of Meeting	3 rd March 2017
Agenda Number	8.0
Report type	To receive assurance the current and forecast financial position of the Trust
Prepared by	Edward John (Director of Operational Finance)
Executive Lead	Martin Sykes (Director of Finance)
Executive Summary	<p>In month the Trust delivered a £1.8m in surplus which is a £0.8m favourable against plan. STF funding for M10 has been achieved due to previous months performance. The underlying position remains at significant risk due to the adverse relationship between activity and income and associated costs. The position has been delivered largely due to release of accruals for WLI. There remains however a considerable risk attached to the forecast given that cost run rates continue at higher levels than that required to reduce the underlying deficit position.</p> <p>Capital and cash are behind plan YTD but are expected to recover by the year end (excluding cash STP). Capital did show a small catch up in month.</p>
Background	The Trust has set a budget of £22.6m surplus for 2016/17 against which this report is monitored. This surplus plan includes £21.8m of STF money, £24m of DH support and assumes £20m of cost CIP. The forecast plan is £0.8m before STF. This report provides financial performance information in relation to the achievement of both the original and revised target deficit position and key dependent indicators including CIP, Cash and Capital.
Issues and Options	<ul style="list-style-type: none"> - The Trust is forecasting to be on plan for I&E based on the improvement in the M10 income position - To achieve the forecast the remainder of the year will require full delivery of the original CIP programme and financial risks relating to winter activity pressures to be managed. These are considered high risk at this stage though no financial provisions have been made in the forecast.
Recommendation	The Board is asked to endorse the Month 10 year end and forecast year end position as submitted to NHSI
Appendices	Finance and Commercial Board Report: Note – all variance are reported against original Monitor Plan.

Finance & Commercial Board Report

Financial Performance

January 2017

M10 at a glance

- Pre- STF surplus of £0.3m adverse variance of £0.8m
- But accrued STF means bottom line is a favourable variance of £0.8m
- Clinical income was low due to winter pressure impacting on electives
- Agency costs were higher than normal at £2.8m – largest element in medics
- CIP performance was 88% delivery in month (M09 = 115%)
- Gains offset losses going forward so forecast unchanged but risks remain
- Capex £1.79m under ytd and cash forecast unchanged

Key Risks to Forecast Outturn

- income for year end subject to discussion around challenges etc (Moderate)
- overall cost base going into next year not reducing esp agency (High)
- winter pressures are likely to exacerbate cost base pressures (High)
- cost of additional WLI activity in required to meet RTT targets(High)
- additional ED locum consultants at Wexham approved (High)

Summary

The Trust is £0.8m favourable against plan in month (£0.6m ytd) including the M10 STF. Y/e forecast is held due to gains offsetting losses going forward. However, the underlying position remains at significant risk due to the adverse relationship between activity and income and associated costs. This is expected to impact in Q4 due to winter pressures being experienced in all the hospitals.

Area	Key points	Risks
Income	<ul style="list-style-type: none"> £7.6m ahead of YTD plan of £525m. Clinical income was behind plan due to impact of winter pressures on electives. The geographical mix of EL (capped) and NEL (MRET) activity continues to impact negatively on chargeable income overall. 	<ul style="list-style-type: none"> Income challenges on year end position may impact on forecast (moderate)
Expenditure	<ul style="list-style-type: none"> £6.6m over YTD plan of £500m (excl. Integration). M10 was above plan by £0.9m due to A&E and bed pressures which was not offset by income due largely to marginal rate impacts. Integration and transaction spend is £6.4m YTD which is matched to income on a spend-recover basis. 	<ul style="list-style-type: none"> Cost base esp agency continues in Q4 (high) Winter pressure adversely impact Q4 finances (high)
Net surplus/ deficit	<ul style="list-style-type: none"> The forecast has been held to meet plan: going forward predicted income gains offset expenditure increases so forecast is to meet a financial position of £1.6m surplus and to achieve 94% of the available STF. 	<ul style="list-style-type: none"> As above
CIPs	<ul style="list-style-type: none"> In month £1.75m delivery against a plan of £1.98m or 88% (M09 115%). YTD is £1.78m below plan. The main area of under-delivery continues to be largely due to the agency related CIPs. 	<ul style="list-style-type: none"> Agency CIP not delivered (high)
Cash balance	<ul style="list-style-type: none"> Cash closed at £59.5m – a decrease of £10.9 over M09 and an adverse ytd variance of £25.4m due to timing differences. The forecast year end position remains at £79m. 	<ul style="list-style-type: none"> Q4 STF cash not paid if I&E not met (as above)
Capital expenditure	<ul style="list-style-type: none"> M10 spend was £4.34m; above plan by £0.56m, resulting in a year to date spend of £33.42m; £1.79m behind ytd plan, however the expected full year expenditure remains at £43.1m. 	<ul style="list-style-type: none"> None

Income & Expenditure - Month 10 and Year to Date – Summary

Frimley Health	Current Month			Year to Date			Full Year Out-turn		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	53.3	53.5	0.2	517.9	525.5	7.6	623.1	630.6	7.5
Expenditure	(49.8)	(50.7)	(0.9)	(494.0)	(500.6)	(6.6)	(593.7)	(600.0)	(6.3)
Trust Financing	(2.4)	(2.6)	(0.1)	(23.7)	(24.8)	(1.1)	(28.6)	(29.8)	(1.2)
Net Revenue Surplus / (Deficit)	1.0	0.3	(0.8)	0.2	0.1	(0.1)	0.8	0.8	0.0
STF Funding	0.0	1.6	1.6	16.4	17.0	0.7	21.8	21.3	(0.5)
Integration Funding	0.6	(0.1)	(0.7)	6.0	6.4	0.4	7.2	7.2	0.0
Integration Costs	(0.6)	0.1	0.7	(6.0)	(6.4)	(0.4)	(7.2)	(7.2)	0.0
Net Revenue Surplus / (Deficit) after one-off items	1.0	1.8	0.8	16.6	17.1	0.6	22.6	22.1	(0.5)

Key messages:

STF: Due to the performance in previous periods the trust earned the STF payment for M10.

Operating Income: Total income over performed by £0.2m. Clinical income slightly over-performed, albeit at a lower rate than in previous months. Other income variances have cancelled each other out. The transfer of Community Services from Southern Health has been included in both the plan and actual income (and expenditure this month).

Operating Expenditure: As with previous months, expenditure was overspent, with £0.5m relating to pay, £0.4m to non-pay and £0.1m to trust financing.

Integration: IM&T expenditure charged to Integration was reviewed this month and a number of items were reclassified and moved to capital. This led to expenditure being a credit balance this month with income matched accordingly. This has helped to manage the risk of costs being charged back to BAU.

Forecast: The forecast has been amended to reflect the transfer of the Community Services (ex. SHFT) contract to FHFT. In addition, income and expenditure has been reduced, reflecting in part the under-performance on the WPH site, along with increased challenges from commissioners and some reductions in forecasted expenditure.

Forecasted Outturn: Range

		Expenditure				
		634.8	636.0	637.2	639.9	642.6
Income	635.6	0.8	-0.4	-1.6	-4.3	-7.0
	636.9	2.1	0.9	-0.3	-3.0	-5.7
	638.2	3.4	2.2	1.0	-1.7	-4.4
	639.2	4.4	3.2	2.0	-0.7	-3.4
	640.2	5.4	4.2	3.0	0.3	-2.4

The graphic exemplifies the possible ranges of outturn for both income and expenditure. The forecast is based on a more detailed Directorate level forecast and excludes the impact of STF, although it includes integration funding and associated costs.

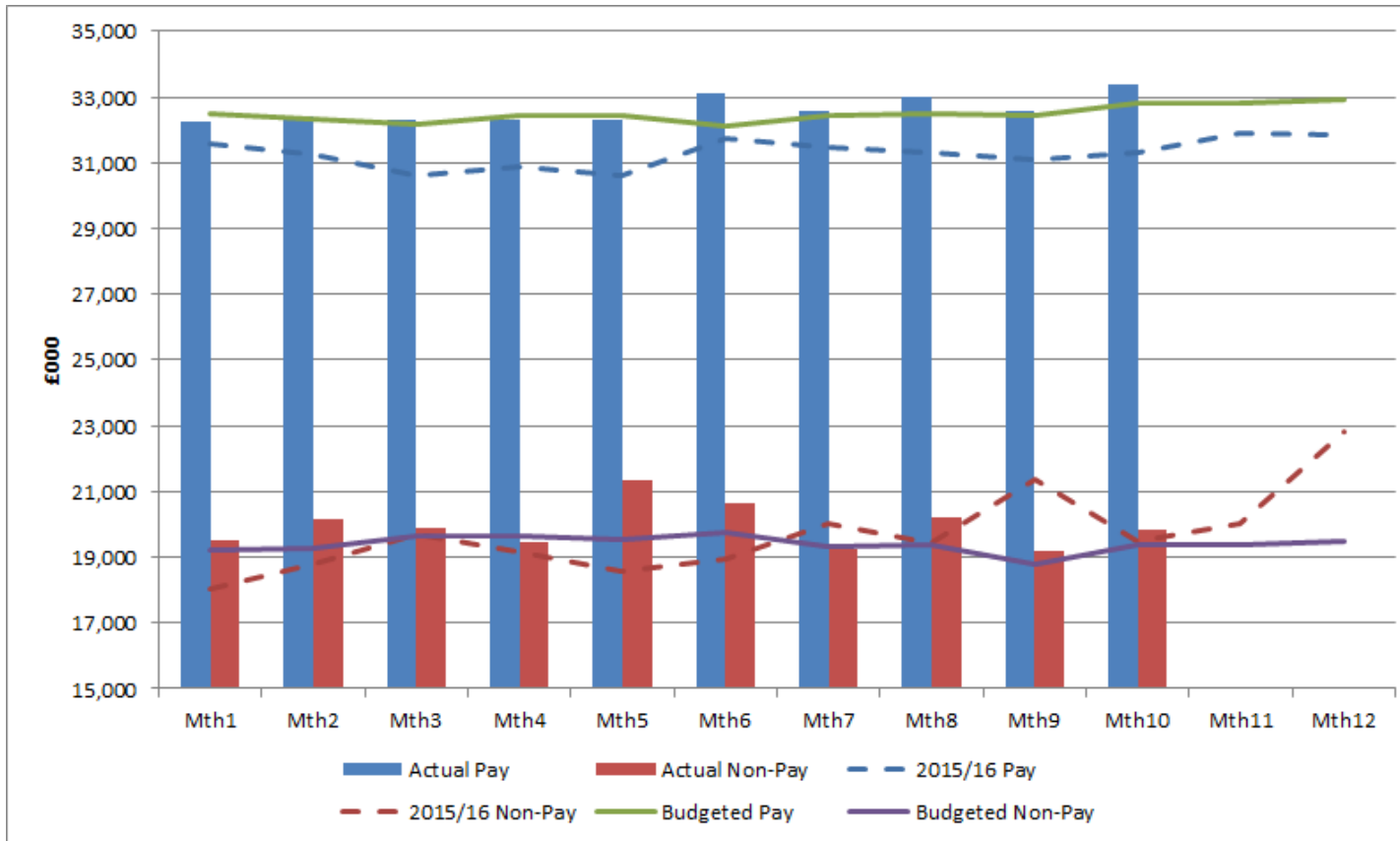
The most likely forecasted outturn is a surplus of £1m, which secures the STF payment and is a slightly better outturn than the high-level forecast submitted to NHSI, which has been held at £0.8m.

The figures highlighted in green are scenarios which will secure the STF.

Comment:

- The current forecast (£0.8m) submitted to NHSI and the reported to the board, secures the STF payment.
- The bottom up forecast, generated an slightly higher surplus of £1.0m.
- The risks attached to this forecast are as explained on an earlier slide and repeated here for completeness:
 - income for year end subject to discussion around challenges etc (Moderate)
 - overall cost base going into next year not reducing esp agency (High)
 - winter pressures are likely to exacerbate cost base pressures (High)
 - cost of additional WLI activity in required to meet RTT targets(High)
 - additional ED locum consultants at Wexham approved (High)

Expenditure Trend – Excluding Integration



Pay:

M10 pay includes the recently transferred Community Health services from SHFT. This has added £0.4m to the pay bill, although the budget has been uplifted too. Notwithstanding that transfer, pay costs have increased by £0.4m from M09. The majority of that being driven by agency costs, notably on the WPH site and on nurses and doctors.

Non-Pay:

As with M09 the monthly non-pay spend was lower than the previous monthly average (£19.7 vs. £20m excl. Community Health).

Although some areas were higher (e.g. drugs as WPH and Cath Lab clinical supplies on both sites) these were offset by lower spend elsewhere. The Community Health Services transfer added £0.1m to non-pay costs.

Income & Expenditure - In month high level variances (Excluding STF)

Variance Analysis Summary M10

£m	Income	Pay	Non Pay	Total
M10 Plan	53.3	-32.8	-19.4	1.0
CCG Overperformance	0.1			0.1
Other Income	0.2			0.2
Med FPH, Ortho & Plastics & Theatres	0.1	-0.8	-0.3	-1.0
Corporate Departments	0.1	-0.1		0.0
Capitalisation				0.0
Pharmacy Manufacturing & CIP	-0.3	0.1	-0.2	-0.4
Unallocated Reserves		0.4	0.1	0.5
Capital Charges			-0.1	-0.1
Med WPH, Surgery + Paeds Mat & Gynae		0.1	-0.2	-0.1
PPU, Path & Radiology	0.1	-0.3	0.2	0.1
M10 Actual	53.5	-33.4	-19.8	0.3
Variance to Plan	-0.2	0.6	0.4	0.8

Expenditure in excess of budget (Some higher than forecasted).

This was a low month for the Pharmacy Repackaging Unit Income, following a spike last month.

Unallocated Cost Pressures and Contingency that is held centrally

Radiology pay costs were higher than forecasted, however Pathology and PPU favourable variances have offset this.

Notes

This table Excludes STF & Integration

Income & Expenditure Month 10 – Subjective Analysis

Trust Operations - Excluding Integration

I&E by Subjective Heading	Mth Bud £m	Month Act £m	Mth Var £m	YTD Bud £	YTD Act £	YTD Var £
Income						
Income From Activities	(48.16)	(48.39)	(0.23)	(467.76)	(474.96)	(7.20)
Other Operating Income	(5.11)	(5.09)	0.02	(50.47)	(50.76)	(0.28)
Income Total	(53.27)	(53.48)	(0.21)	(518.24)	(525.71)	(7.48)
Pay						
Medical And Dental	8.83	7.99	(0.84)	87.37	83.20	(4.17)
Nursing & Midwifery	10.13	9.43	(0.70)	98.93	90.68	(8.24)
HCA's & Other Support Staff	3.69	4.31	0.61	36.14	40.24	4.09
AHPs, Prof, Scientific & Technical	4.07	3.97	(0.10)	40.24	38.56	1.50
Agency Staff External	0.97	2.92	1.95	10.16	26.66	16.50
Other Staff	5.15	4.76	(0.39)	51.29	46.82	(7.65)
Pay Total	32.84	33.38	0.54	324.13	326.16	2.03
Non-Pay						
Clinical Service And Supplies	10.29	10.22	(0.07)	103.21	105.99	2.78
General Supplies And Services	0.64	0.58	(0.06)	6.78	5.98	(0.79)
Premises & Fixed Plant	5.36	5.68	0.32	52.77	54.63	1.86
Other Non Pay	3.10	3.36	0.26	31.13	32.85	1.72
Non-Pay Total	19.39	19.84	0.45	193.87	199.45	5.58
Grand Total	(1.04)	(0.27)	0.78	(0.23)	(0.10)	0.13
STF Funding	0.00	(1.59)	(1.59)	(16.35)	(17.03)	(0.68)
Net of STF	(1.04)	(1.86)	(0.81)	(16.58)	(17.13)	(0.55)

Integration

I&E by Subjective Heading	Mth Bud £m	Month Act £m	Mth Var £m	YTD Bud £	YTD Act £	YTD Var £
Income	(0.60)	0.05	0.65	(6.00)	(6.44)	(0.44)
Pay	0.14	0.26	0.12	1.42	3.11	1.70
Non-Pay	0.46	(0.31)	(0.77)	4.58	3.32	(1.26)
Grand Total	0.00	0.00	0.00	0.00	0.00	0.00

Note: In this analysis adverse variances are shown as a positive number

Income:

Total income is 0.4% over plan in the month, and 1.44% against the YTD plan. The over-performance is mainly against the FPH contract whereas the elective work continues to underperform in the north.

Pay:

In total pay was 1.65% over spent, which is higher than it has been for a number of months. Agency costs formed 8.75%, a further increase on the YTD average.

Non Pay:

The monthly variance is 2.31% adv. Which is lower than the YTD. The improvements coming from Clinical and General Supplies and Services. But Premises related and other non-pay are up against the YTD trend.

Income & Expenditure Month 10 – Directorate Positions

I&E by Directorate	Pay			Non Pay			TOTAL inc Income			YTD Plan	YTD Var	% Var
	YTD Bud £m	YTD Act £m	YTD Var £m	YTD Bud £m	YTD Act £m	YTD Var £m	YTD Bud £m	YTD Act £m	YTD Var £m			
Directorate: Clinical												
Medicine: Frimley	44.2	48.2	4.0	26.9	28.8	1.8	(0.6)	(0.7)	(0.1)	70.53	5.76	8.17%
Medicine: Wexham	45.7	45.5	(0.2)	22.5	21.4	(1.1)	(0.9)	(1.2)	(0.3)	67.24	(1.61)	-2.39%
Orthopaedics & Plastics	19.0	19.5	0.6	9.4	10.5	1.1	0.0	(0.0)	(0.0)	28.37	1.69	5.95%
Paeds, Maternity & Gynae	39.9	39.7	(0.1)	4.9	4.7	(0.2)	(0.4)	(0.5)	(0.1)	44.39	(0.43)	-0.96%
Pathology	16.6	17.0	0.4	12.1	12.8	0.7	(4.4)	(4.6)	(0.2)	24.35	0.84	3.46%
Private Patients	4.7	4.5	(0.2)	1.2	1.2	(0.0)	(8.8)	(8.9)	(0.1)	(2.81)	(0.34)	12.05%
Radiology	11.8	12.5	0.6	7.7	8.1	0.5	(0.3)	(0.4)	(0.1)	19.17	1.02	5.31%
Surgery	33.4	32.9	(0.5)	12.3	13.4	1.0	(1.4)	(1.3)	0.0	44.38	0.57	1.29%
Theatres, Crit Care & Anaes	37.4	38.9	1.5	11.6	11.6	0.1	(0.1)	(0.2)	(0.0)	48.82	1.52	3.10%
Clinical Total	252.7	258.8	6.1	108.6	112.6	3.9	(16.9)	(17.8)	(0.9)	344.44	9.02	2.62%
Directorate: Corporate												
Director of Integration	1.4	3.1	1.7	4.6	3.3	(1.3)	(6.0)	(6.4)	(0.4)		0.00	
Finance & Strategy	12.7	12.0	(0.6)	5.4	5.2	(0.2)	(1.9)	(1.2)	0.7	16.24	(0.19)	-1.17%
HR & Corporate Services	20.4	20.3	(0.2)	22.6	22.6	(0.0)	(7.5)	(7.2)	0.3	35.53	0.11	0.30%
Medical Director	0.9	0.9	(0.1)	1.1	0.8	(0.3)	(1.6)	(1.9)	(0.3)	0.36	(0.62)	-172.00%
Nursing & Quality	4.1	4.4	0.3	1.9	1.5	(0.4)	(1.4)	(1.9)	(0.5)	4.66	(0.53)	-11.43%
Operations: Frimley	17.0	16.6	(0.4)	5.1	5.2	0.1	(0.6)	(0.6)	0.0	21.39	(0.24)	-1.10%
Operations: Wexham	13.1	12.6	(0.5)	4.7	6.2	1.5	(6.6)	(5.9)	0.7	11.24	1.68	14.93%
Corporate Total	69.6	69.9	0.3	45.4	44.7	(0.6)	(25.6)	(25.1)	0.5	89.42	0.20	0.23%
CCG Income and financing cost	3.2	0.6	(2.6)	44.5	45.5	1.0	(498.1)	(506.3)	(8.2)	(450.44)	(9.77)	2.17%
Grand Total	325.5	329.3	3.7	198.5	202.8	4.3	(540.6)	(549.2)	(8.6)	(16.58)	(0.55)	3.30%

The clinical directorates continue to bear the brunt of the overspend.

Notes: In this analysis adverse variances are shown as a positive number

The budget shown in this schedule is the Trust's internal plan opposed to the Monitor budget shown on page 4

Total Trust Agency Expenditure (Excl. Integration funded spend)

Agency costs have increased from M09 - mainly on the WPH site.

	Hospital Agency	2015/16 Q4 Average	M08	M09	M10
FPH	Medical	569,863	518,081	803,658	770,416
	Nursing	296,681	128,727	163,965	170,956
	Prof Tech & Scientific	144,174	116,708	265,487	140,644
	AHP	112,630	147,054	156,149	156,371
	Admin	52,923	210,231	163,055	134,786
	Ancillary	83,726	1,438	1,440	4,587
	MOD Agency	0	0	0	0
	Other Staff	0			
FPH		1,259,995	1,122,239	1,553,754	1,377,760
WPH	Medical	499,009	477,319	310,151	563,136
	Nursing	778,173	488,200	392,214	553,468
	Prof Tech & Scientific	172,677	113,656	163,966	65,653
	AHP	97,482	145,422	130,307	193,415
	Admin	148,478	49,679	75,504	75,293
	Ancillary	97,219	1,380	1,484	2,376
	MOD Agency	1	0	0	0
	Other Staff				
WPH		1,793,038	1,275,657	1,073,626	1,453,341
Total		3,053,033	2,397,896	2,627,380	2,831,101

Overall, agency costs have gone up again this month. Less than £0.1m relates to the Community Services. The increase is mainly on the WPH site and affect a range of staff groups. Part of the explanation of the increase is related to a one-off adjustment of the YTD position in M09. However, both Medicine's and Surgery's agency spend has increased in M10. Agency spend in ED Doctors has increased by almost £2150k over the last two months. Nursing spend increases are contained to Med and TACC and AHP's relate to Radiology.

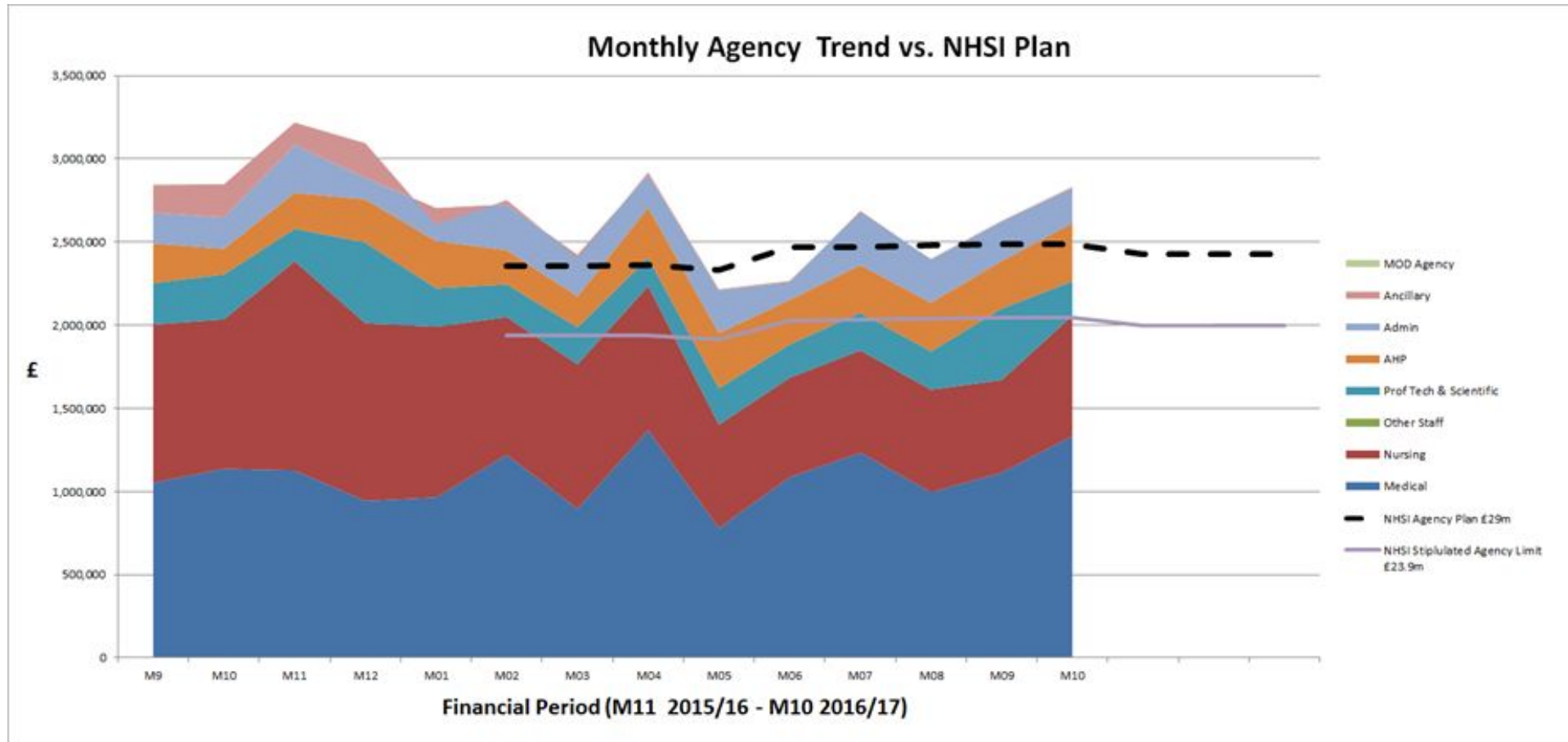
Against the target to have no more than 8% of Registered nurse costs being spent on agency staff the Trust remained compliant for both the month and the YTD.



In Month	Mth7	Mth8	Mth9	Mth10	YTD
Frimley	3.87%	2.44%	3.15%	3.05%	4.51%
Wexham	9.84%	11.24%	9.42%	12.71%	11.47%
Combined	6.65%	6.42%	5.94%	7.27%	5.19%



Total Trust Agency Expenditure Trend

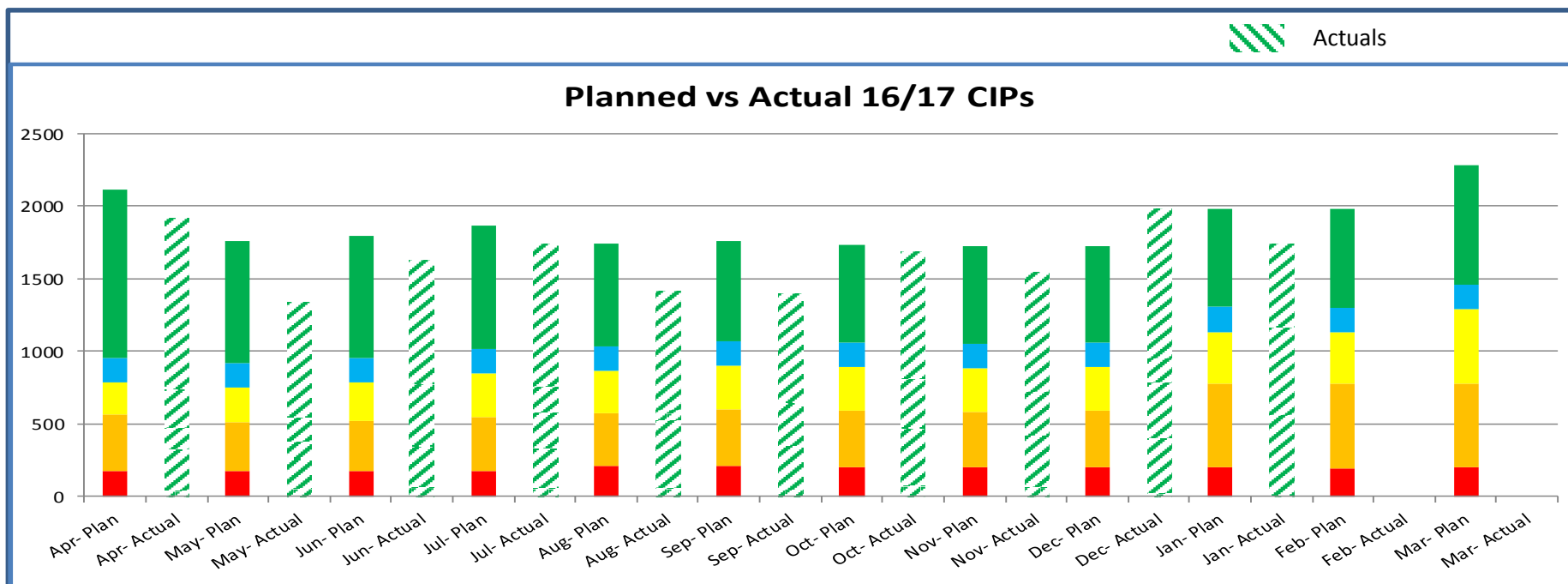


The graph shows the Trust consistently remains above the NHSI Agency ceiling. The concern is that the run rate has not significantly reduced and will need to in order to hit the CIP plans next year.



Trust Overview – 2016/17 Total CIP Schemes

Total CIP Plan	Mth 10 - Plan	M10 - Actual	M10 Variance	Mth 10 - Plan YTD	M10 - Actual YTD	M10 Variance YTD
£22.47m	£1.98m	£1.75m	(£.23m)	£18.21m	£16.43m	(£1.78m)



- ▶ At Month 10, the Trust has delivered **£1.75m** of cost improvement against the in- month plan of **£1.98m** – which represents an under achievement of **-£231k or - 11.6%**
- ▶ At Month 10, the year to date delivery against **£18.21m** total CIP schemes is **£16.43m** which represents a variance from plan of **-£1.78m (-10%) or 90% achievement.**
- ▶ The forecast is a delivery of **£19,954k** or **89% achievement.**

All values in £000



Cash Position Month 10

FRIMLEY HEALTH	Current Month			Year to Date			Full Year		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Net Cash Increase / (Decrease)	0.8	-10.9	-11.6	12.9	-12.5	-25.4	13.4	7.1	-6.4
Cash Brought Forward	84.1	70.3	-13.7	72.0	72.0	0.0	72.0	72.0	0.0
Cash Carried Forward	84.8	59.5	-25.4	84.8	59.5	-25.4	85.4	79.0	-6.4

The cash balance for month 10 finished at £59.5m, a decrease of £10.9m from M9 against a planned increase of £0.8m, and as a result extending the variance in the year to date position to £25.4m below the plan of £84.1m. The primary reason for this remains due to timing differences for capital PDC funding and movements in the working capital position, with month 10 seeing a sharp increase of £9.7m in trade and other receivables due partly to a further month's STF income and a rise in prepayments as annual contracts have been renewed.

The capital PDC funding will be recovered during the last quarter of the year however the year end forecast of £79m, £6.4m behind plan, has been retained as a direct impact of the STF funding through the missed performance targets in year and timing of the Q4 payment, along with incentive achieved, likely to be early in the new financial year

I&E:

The year to date reported surplus is £17.1m vs the annual plan position of £16.6m.

Net cash impact = £0.6m

Capital:

Capital expenditure year to date is £1.8m behind plan however £19.6m was forecast to be received from the DH in PDC funding which has not yet been recovered.

Net cash impact = (£17.8m)

Working Capital:

Both trade and other payables and trade and other receivables (including prepayments) continue to be greater than anticipated and the increase in trade receivables in month weakened the working capital position in relation to the annual plan.

Net cash impact = (£8.2m)

Capital Month 10

£'m	Month Plan	Month Actual	Diff	YTD Plan	YTD Actual	Diff	FY Plan	FY Forecast	Diff
HWPH									
Heatherwood	0.32	1.57	(1.25)	3.20	3.06	0.14	4.00	3.56	0.44
Wexham - Emergency Dept	0.12	0.09	0.03	1.20	1.30	(0.10)	1.60	1.60	0.00
Wexham - Women's Services	0.55	0.65	(0.10)	2.44	2.40	0.04	3.60	3.60	0.00
Wexham - Estate	0.75	0.70	0.05	9.59	9.22	0.37	11.04	13.30	(2.26)
Information technology	0.21	0.08	0.12	2.05	2.09	(0.03)	2.46	2.46	0.00
Medical equipment	0.33	0.11	0.21	3.27	1.29	1.99	3.93	1.98	1.95
HWPH total	2.27	3.21	(0.94)	21.75	19.35	2.41	26.63	26.50	0.13
FPH									
Estate	0.83	0.77	0.06	7.49	5.57	1.92	9.19	6.90	2.29
Medical Equipment	0.08	0.20	(0.12)	0.83	3.23	(2.40)	1.00	3.88	(2.88)
Information Technology	0.34	0.04	0.30	2.58	1.29	1.29	3.27	1.80	1.47
FPH total	1.25	1.01	0.24	10.91	10.10	0.81	13.45	12.58	0.87
Integration capital	0.25	0.11	0.14	2.55	3.97	(1.43)	3.06	4.06	(1.00)
Frimley Health Total	3.78	4.34	(0.56)	35.21	33.42	1.79	43.14	43.14	0.00

Capital expenditure for month 10 finished above plan by £0.6m at £4.3m bringing the year to date expenditure to £33.4m, and reducing the balance behind plan in the year to date position to £1.8m. This recovery against plan is expected to continue through the remainder of the year and the full year plan of £43.1m achieved.

The programme for the Heatherwood redevelopment remains delayed however associated decommissioning costs, notably the lease termination fees in month, have brought the spend profile back in line with plan. Good progress is being made with the ED and Women's Services schemes at Wexham Park although the backlog works and particularly the CT Scanner scheme are behind programme

The delay and deferral of projects at Frimley Park have also put these behind programme and is reflected in the expenditure both year to date and forecast for the end of the year, although this has been offset by the high level of expenditure on medical equipment.

Although the IM&T programme remains above plan year to date following progress in the EDMS and Network Refresh projects, the rate of expenditure has slowed and is expected to finish £0.5m behind plan by the end of the year.

Balance Sheet M10

STATEMENT OF FINANCIAL POSITION

	November Actual £m	December Actual £m	January Actual £m	January Plan £m	Variance January £m
Assets, Non-Current					
Intangible Assets	3.156	3.178	3.219	1.700	(1.519)
Property, Plant and Equipment	345.871	347.638	350.201	336.271	(13.930)
Assets, Non-Current, total	349.027	350.816	353.420	337.971	(15.449)
Assets, Current					
Inventories	3.500	3.513	3.336	3.100	(0.236)
Trade and Other Receivables, Current	61.883	62.279	72.023	44.600	(27.423)
Available for Sale financial assets	1.950	1.950	1.950	0.000	(1.950)
Cash and Cash Equivalents (excluding overdrafts)	65.656	70.333	59.468	84.826	25.358
Assets, Current, total	132.989	138.075	136.777	132.526	(4.251)
TOTAL ASSETS	482.016	488.891	490.197	470.497	(19.700)
Liabilities, Current					
Trade and Other Payables, Current	(71.237)	(73.226)	(73.467)	(67.805)	5.662
Deferred Income, Current	(15.632)	(14.900)	(14.215)	(6.000)	8.215
Provisions, Current	(0.304)	(0.304)	(0.284)	(0.500)	(0.216)
Liabilities, Current, total	(87.173)	(88.430)	(87.966)	(74.305)	13.661
NET CURRENT ASSETS (LIABILITIES)	45.816	49.645	48.811	58.221	9.410
Liabilities, Non-Current					
Provisions, Non-Current	(0.213)	(0.223)	(0.199)	(0.542)	(0.343)
Other Financial Liabilities, Non-Current	(2.186)	(2.147)	(2.086)	(0.400)	1.686
Liabilities, Non-Current, total	(2.399)	(2.370)	(2.285)	(0.942)	1.343
TOTAL ASSETS EMPLOYED	392.444	398.091	399.946	395.250	(4.696)
Taxpayers' and Others' Equity					
Taxpayers Equity					
Public dividend capital	201.830	201.830	201.830	222.661	20.831
Income and expenditure reserve	37.170	42.917	44.772	44.613	(0.159)
Taxpayers' equity, total	239.000	244.747	246.602	267.250	20.648
Other Reserves					
Revaluation Reserve	153.344	153.344	153.344	128.000	(25.344)
Total Equity & Reserves	392.344	398.091	399.946	395.250	(4.696)

Frimley Health total assets employed is just short of £400m.

Items to note:

- The combined assets across all 3 sites increased by £1m in January to £490m
- Non-current assets grew by £2.5m in month although capital expenditure remains slightly behind plan year to date.
- Receivables & prepayments increased by £9.7m in month as a result of further accrued STF income and a rise in prepayments.
- Cash remains significantly behind year to date dropping to 43% of the of the current assets held against a plan of 64%
- Trade and other payables saw a slight reduction in month but has remained relatively stable over the past three months.

Report Title	2016/17 CIP Summary – Month 10
Meeting	Trust Board
Meeting Date	3 rd February 2017
Agenda No.	9.
Report Type	Note
Prepared By	Michael McEvoy, Business Support Team
Executive Lead	Helen Coe, Director of Operations, FPH Lisa Glynn, Director of Operations, HWPH
Executive Summary	<p>To provide the Board of Directors with assurance regarding</p> <ul style="list-style-type: none"> • Progress made towards forecast outturn of £20.3m in 2016/17. • Ongoing Forecast Review undertaken at Directorate Finance meetings. • Currently, M10 Forecast is 89% achievement (£19.95m) • Under performance is due to the expected delivery of some schemes later than originally planned. • Forensic Review of those key underperforming schemes, to recover slippage and / or introduce stretch to existing key themes; - agency, non pay and workforce. <p>Additional schemes needed ahead of 2017/18 planning</p>
Background	<p>Annual CIP Programme</p> <ul style="list-style-type: none"> • The Trust CIP target for 2016/17 is £22.5m. <p>At month 9, the year to date CIP performance was -£1.55m against a plan of £16.23m – 90% achievement.</p>
Issues / Actions	<p>Performance of CIP schemes are given in the attached paper.</p> <p>1. CIP Programme Performance – Month 10</p> <ul style="list-style-type: none"> • At month 10, the Trust has delivered 88% (£1.75m) of the total planned position of £1.98m – an underachievement of -£231k.

	<ul style="list-style-type: none"> • Year to date, the Trust has achieved 90% (£16.43m) of the total planned position of £18.21m. A variance of -£1.78m is primarily due to:- <ul style="list-style-type: none"> - Agency Cap (national) price reduction schemes for 16/17: Competition for some staff groups is such that the suppliers are resisting the caps. • January performance is represented by under -delivery within the following areas; <ul style="list-style-type: none"> - Emergency Department and Surgery agency doctor usage at Frimley Park - Medicine HCA usage at Frimley Park <p>3. CIP Programme for 17/18</p> <p>The Trust’s initial savings target was set at approximately £24m, made up as follows;</p> <ul style="list-style-type: none"> • National CIPS £13.7m • Other cost pressures £2m • Deficit Reduction £8.3m <p>Following the Board Decision regarding the First Submission of the Annual Plan (23rd November, 2016), the savings challenge is now recognised as £30m, plus synergies of £2.55m.</p> <p>Total identified schemes are valued at £25.97m to date, of which £23.3m (90%) are cash releasing. There remains a significant proportion of non cash releasing schemes (£2.6m) which will not impact on the annual plan for next year.</p> <p>CIP Workshop of 26th January gathered to review progress through the Gateways and to build on and develop schemes identified, to bridge the remaining gap of £4m.</p> <p>Currently, 87% of identified schemes are at Gateway 1 and Gateway 2. PIDs and QIAs are to be completed by 10th February to ensure review by Medical Director and Director of Nursing.</p> <p>An additional 23 themes/ideas to close £4m gap identified. Their cash releasing impact is subject to further evaluation.</p>
<p>Recommendation</p>	<p>The Board is asked to note the content of this report, progress made, and continued focus.</p>
<p>Appendices</p>	<p>2016/17 CIP Detailed Report – Month 10.</p>

2016/17 CIP Performance Report M10

Updated position as at Tuesday 14th February 2017



CIP Performance Agenda

Trust Overview Position

Directorate Schemes

- Month 10 Position
- Exception Report for key favourable and adverse variances
- Synergy Overview – Page 41

Included (not in this order)

Clinical Schemes

1. Women's and Childrens - Kirstin Macdonald
2. Surgery - Liz Howells
3. Theatres – Andrew Lee
4. Medicine HWP - Helen Crick
5. Medicine FPH – Ruth Colburn-Jackson
6. Orthopaedics and Plastics – Lucy Hetherington
7. Radiology, Pathology and Informatics - Ian Fry
8. Ops HWP - Lisa Glynn
9. Pharmacy - Dennis Lauder

Corporate Schemes

1. Procurement - Vanessa Jinks
2. Contracting and Informatics - Daryl Gasson
3. Estates and Facilities - Colin Mapperley
4. Finance - Edward John
5. HR and Corporate Services - John Ireland/Eleanor Shingleton Smith
6. Nursing and Quality - Alison Szewczyk

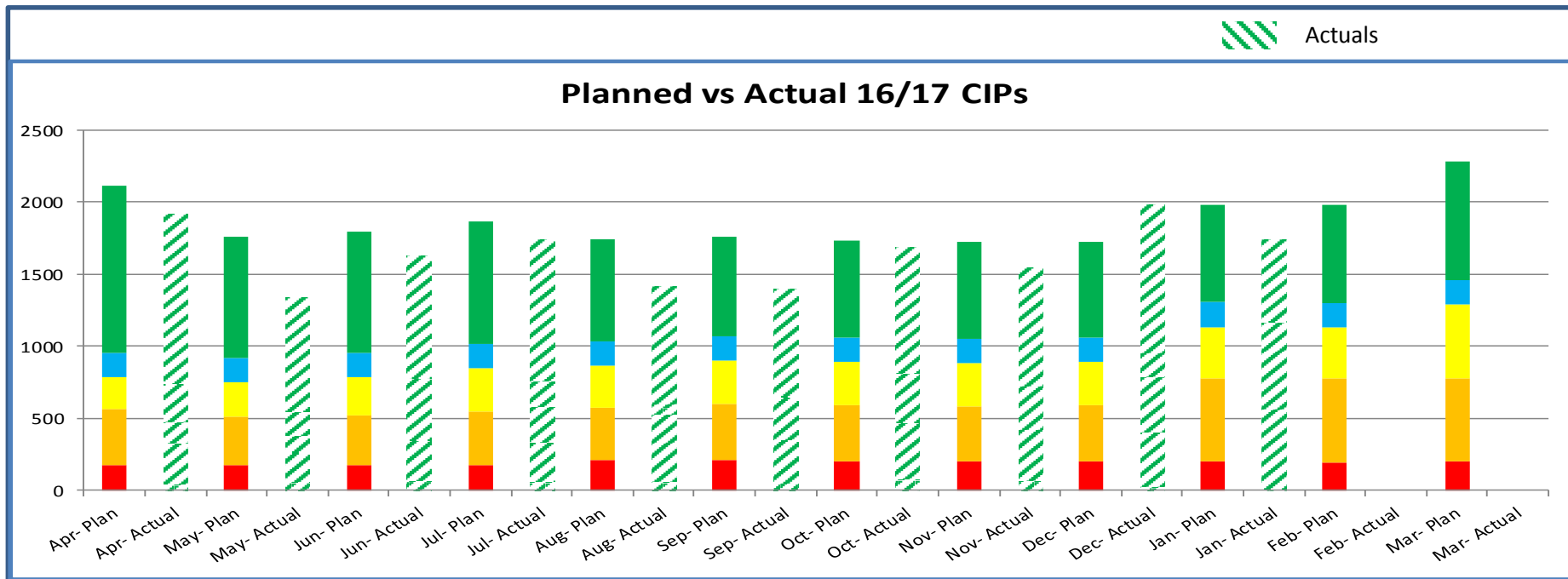
Status Tuesday 14th February 2017 - Corporate View

Annual CIP Programme £22.5m

- ▶ At Month 10, the Trust has delivered **£1.75m** of cost improvement against the plan in month of **£1.98m**.
- ▶ At Month 10, delivery against plan is **-£231k** (or **-11.6%**).
- ▶ At Month 10, the year to date CIP delivery against plan is **-£1,782k** (or **-10%**).
- ▶ At Month 10, Temporary Staffing Schemes - **59%** achievement for 10 months ending January – see Tables on page 38 and 39
- ▶ Year End Forecast Outturn – **89% achievement** - see Table on page 40

Trust Overview – 2016/17 Total CIP Schemes

Total CIP Plan	Mth 10 - Plan	M10 - Actual	M10 Variance	Mth 10 - Plan YTD	M10 - Actual YTD	M10 Variance YTD
£22.47m	£1.98m	£1.75m	(£.23m)	£18.21m	£16.43m	(£1.78m)

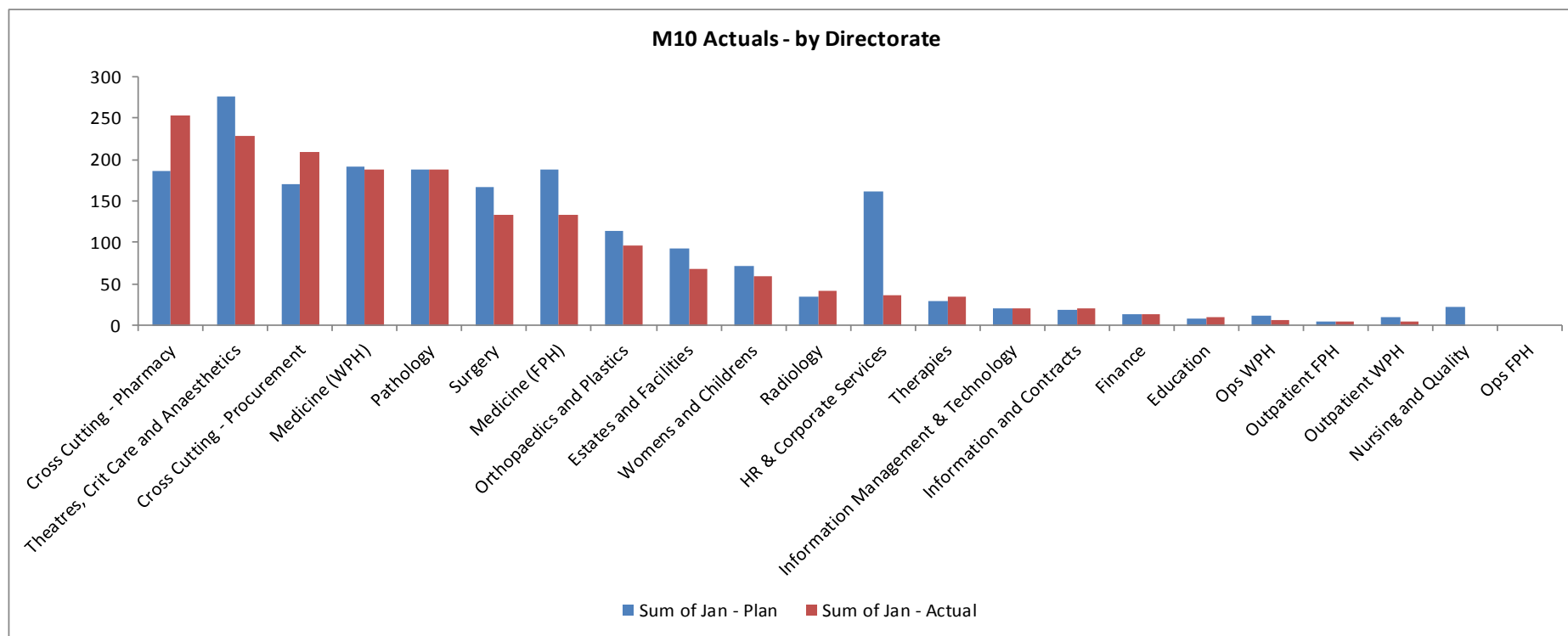


- ▶ At Month 10, the Trust has delivered **£1.75m** of cost improvement against the in- month plan of **£1.98m** – which represents an under achievement of **-£231k or - 11.6%**
- ▶ At Month 10, the year to date delivery against **£18.21m** total CIP schemes is **£16.43m** which represents a variance from plan of **-£1.78m (-10%) or 90% achievement.**
- ▶ The forecast is a delivery of **£19,954k** or **89% achievement.**

All values in £000

M10 Actuals – By directorate

M10 Plan Total = £1.98m
M10 Actual Total = £1.75m



All values in £000

Directorates – Key Favourable Variances at M10

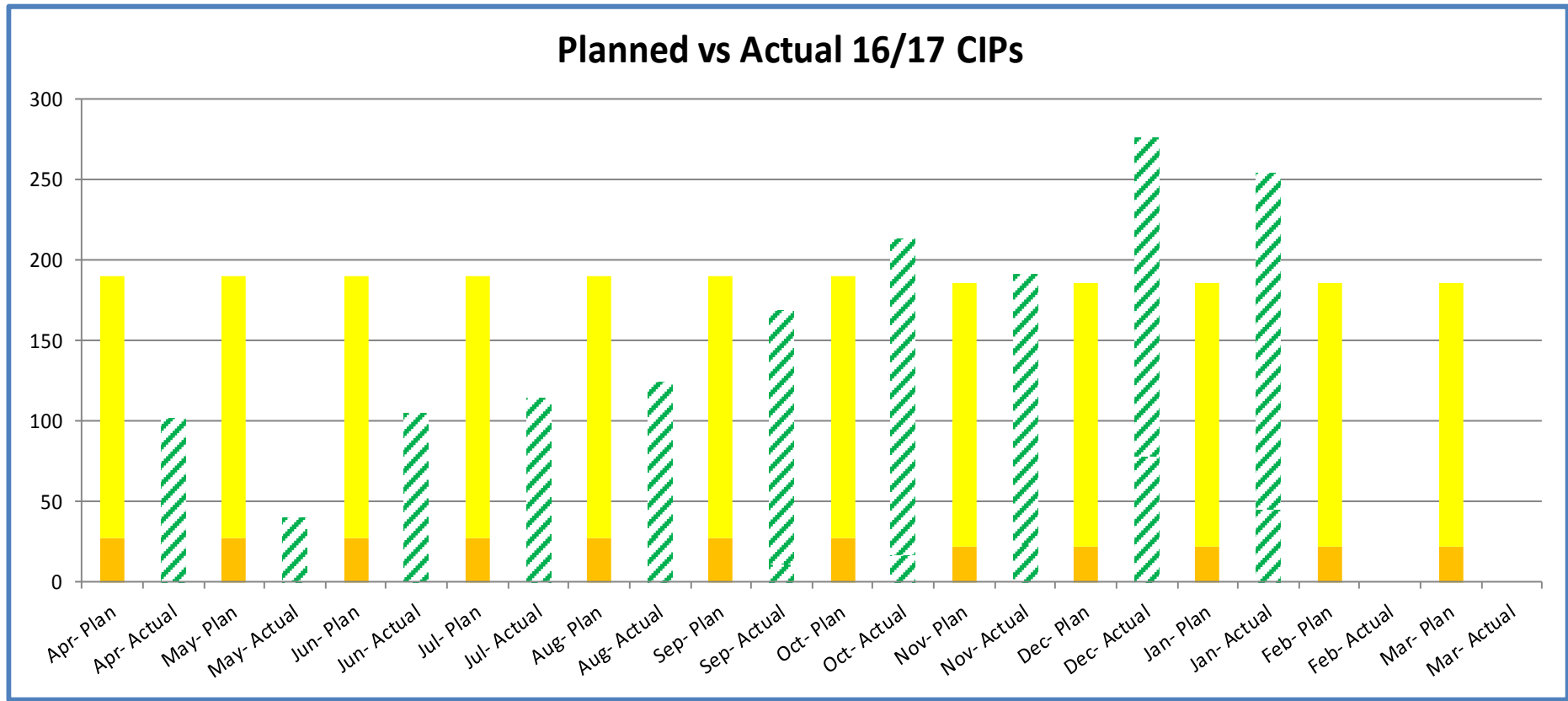
Scheme Category.	Issue	January Variance £000s	Next Steps	Owner
Procurement	Expected contract savings realized	£38	continue for year end	Vanessa Jinks
Pharmacy	Patient Access, ward returns and contract savings	£69	continue for year end	Dennis Lauder

Directorates – Key Adverse Variances at M10

Scheme Category.	Issue	January Variance £000s	Next Steps	Owner
HR	Competition for some staff groups is such that the suppliers are resisting the caps.	-£125		John Ireland/Tom White
Medicine FPH	ED Agency & HCA spend reductions not achieving	-£56		Ruth Colburn-Jackson
Theatres	premium staffing	-£47		Andrew Lee
Surgery	Medical Agency	-£33		

Pharmacy

Total CIP Plan	Mth 10 - Plan	M10 - Actual	M10 Variance	Mth 10 - Plan YTD	M10 - Actual YTD	M10 Variance YTD
£2.26m	£.19m	£.25m	£.07m	£1.89m	£1.59m	(£.30m)



All values in €000

Pharmacy

Ref	Sheetname	Annual Plan(£k)	Jan- Plan	Jan- Actual	Jan - Var	Jan - YTD Plan	Jan - YTD Actual	YTD Var
13.13	Pharm - Returns assistant WPH	70	6	19	13	58	135	77
13.14	Pharm - Shared benefit Commissi	174	15	38	24	145	146	1
13.15	Pharm - Pharm TBC	15	1	0	(1)	13	0	(13)
13.16	Pharm - Vial sharing FPH	30	3	0	(3)	25	0	(25)
13.17	Pharm - Transfer to homecare	100	8	20	12	83	290	207
13.18	Pharm - Contract savings	1,350	113	170	57	1,125	957	(168)
13.20	Pharm - Patient access	99	5	5	(0)	89	50	(39)
13.21	Pharm - Homecare fees	6	0	1	1	5	5	1
13.22	Pharm - Changes in practice	5	0	1	1	4	4	1
Grand Total		2,258	185	254	69	1,888	1,588	(300)

All values in £000

Estates and Facilities

Total CIP Plan	Mth 10 - Plan	M10 - Actual	M10 Variance	Mth 10 - Plan YTD	M10 - Actual YTD	M10 Variance YTD
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£1.10m

£.09m

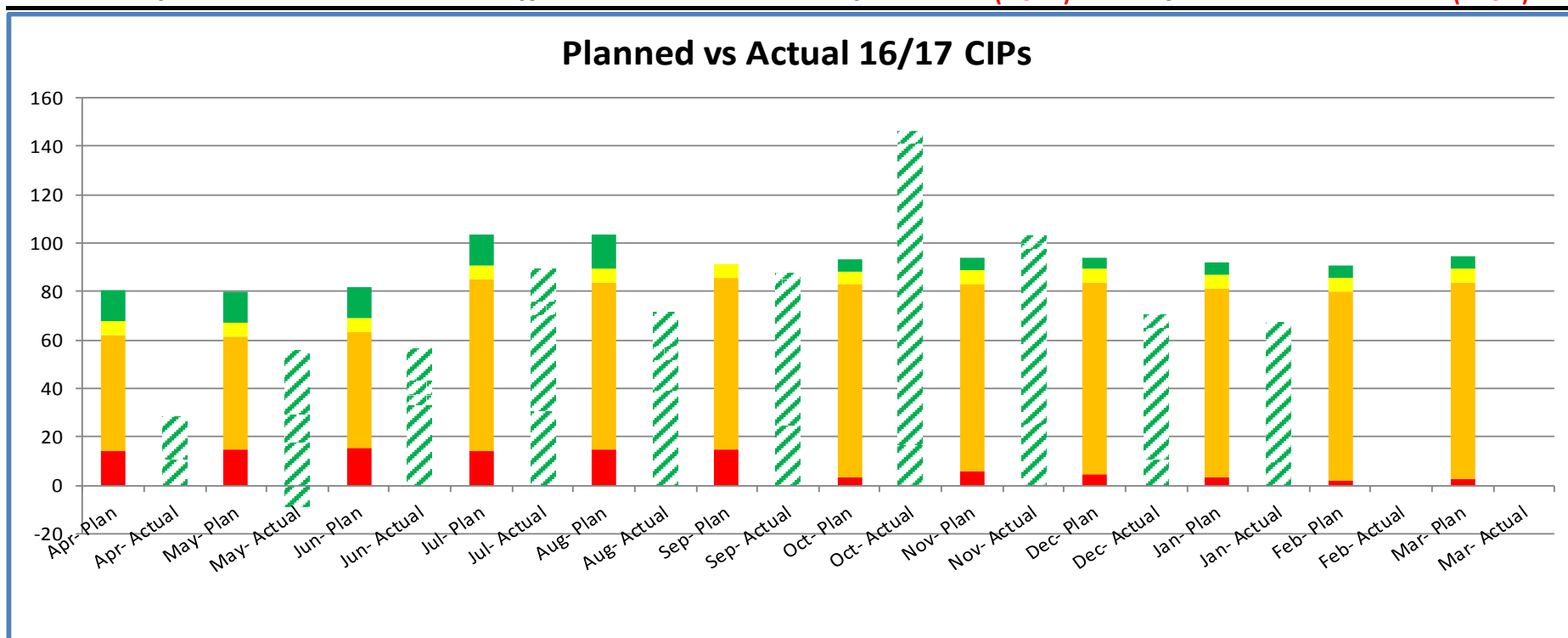
£.07m

(£.02m)

£.91m

£.77m

(£.15m)



All values in £000

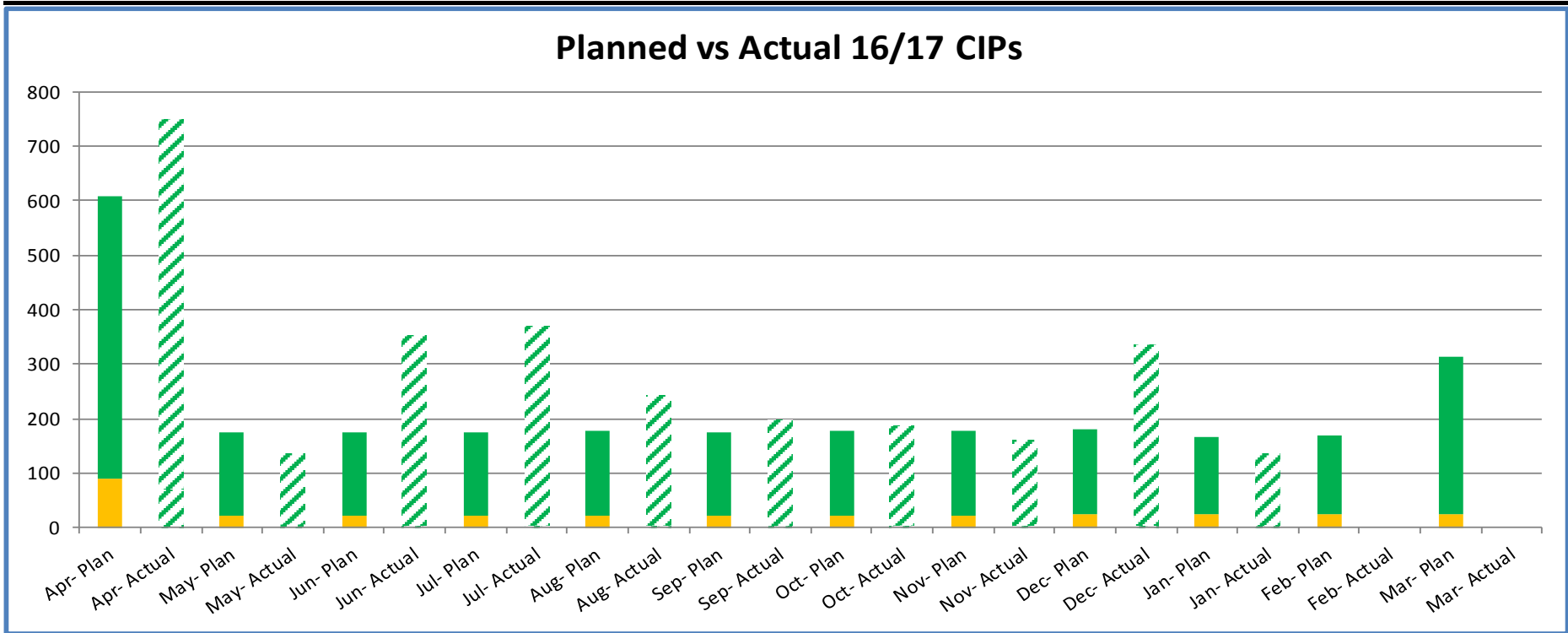
Estates and Facilities

Ref	Sheetname	Annual Plan(£k)	Jan- Plan	Jan- Actual	Jan - Var	Jan - YTD Plan	Jan - YTD Actual	YTD Var
15.18	Estates - Catering contract	66	0	0	0	66	66	0
15.22	Estates - Catering income	257	13	4	(9)	131	37	(94)
15.23	Estates - Energy proc contract	0	0	7	7	0	115	115
15.24	Estates - Energy savings	45	3	3	(0)	40	40	0
15.25	Estates - Telecoms contract	30	5	0	(5)	20	15	(5)
15.27	Estates - Security management	200	22	22	(0)	156	154	(2)
15.31	Estates - Bus Transport	0	0	6	6	0	24	24
15.33	Estates - Laundry	16	1	1	(0)	13	13	0
15.34	Estates - Total waste mgt	50	8	8	(0)	33	33	(1)
15.35	Estates - EME savings	215	18	0	(18)	179	0	(179)
15.37	Estates - Postage	34	3	3	0	28	30	2
15.38	Estates - House Keeping	68	6	0	(6)	57	35	(21)
15.40	Estates - Catering saving	67	0	0	0	67	66	(1)
15.41	Estates - Disabled car parking	150	13	13	1	125	139	14
Grand Total		1,197	92	67	(25)	915	768	(147)

All values in £000

Surgery

Total CIP Plan	Mth 10 - Plan	M10 - Actual	M10 Variance	Mth 10 - Plan YTD	M10 - Actual YTD	M10 Variance YTD
£2.67m	£.17m	£.13m	(£.03m)	£2.18m	£2.87m	£.69m



All values in £000

Surgery

Ref	Sheetname	Annual Plan(£k)	Jan- Plan	Jan- Actual	Jan - Var	Jan - YTD Plan	Jan - YTD Actual	YTD Var
1.12	Surgery - PA reduction HWP	100	0	6	6	100	51	(49)
1.19	Surgery - Endoscopy WLI	267	0	0	0	267	267	0
1.22	Surgery - FYE SAU move HWP	164	14	11	(3)	140	138	(2)
1.23	Surgery - FYE ward modellingHWP	168	14	11	(3)	140	138	(2)
1.32	Surgery - Day Case (BADS)	147	12	37	25	123	158	36
1.33	Surgery - Medical agency	384	32	0	(32)	320	605	285
1.34	Surgery - Nursing agency	125	10	6	(4)	104	127	23
1.44	Surgery - Vascular US income	90	8	5	(3)	74	47	(27)
1.45	Surgery - FYE of job planning	33	3	0	(3)	27	0	(27)
1.46	Surgery - General Surgery WLI	30	0	0	0	30	30	0
1.48	Surgery - Theatre utilisation	82	7	29	22	68	322	254
1.49	Surgery - DNAs at HWP	90	8	6	(2)	75	191	116
1.51	Surgery - PPs on NHS lists	116	10	0	(10)	96	3	(93)
1.57	Surgery - Phone follow ups	34	3	0	(3)	28	0	(28)
1.60	Surgery - New to FU	130	11	10	(1)	108	80	(28)
1.61	Surgery - Non-pay	120	10	0	(10)	100	404	304
1.62	Surgery - Bowel Screening	148	0	0	0	0	0	0
1.63	Surgery - Hearing&Balance	40	4	0	(4)	32	40	8
1.67	Surgery - Monitor Agency cap	182	16	0	(16)	150	0	(150)
1.68	Surgery - Ophthalmology WLI	70	0	0	0	70	70	0
1.69	Surgery - Parapet Biopsy change	55	3	8	5	45	76	31
1.70	Surgery - Audiology	65	0	0	0	65	65	0
Grand Total		2,665	167	134	(33)	2,184	2,872	689

All values in £000

HR

Total CIP Plan	Mth 10 - Plan	M10 - Actual	M10 Variance	Mth 10 - Plan YTD	M10 - Actual YTD	M10 Variance YTD
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£1.86m

£.16m

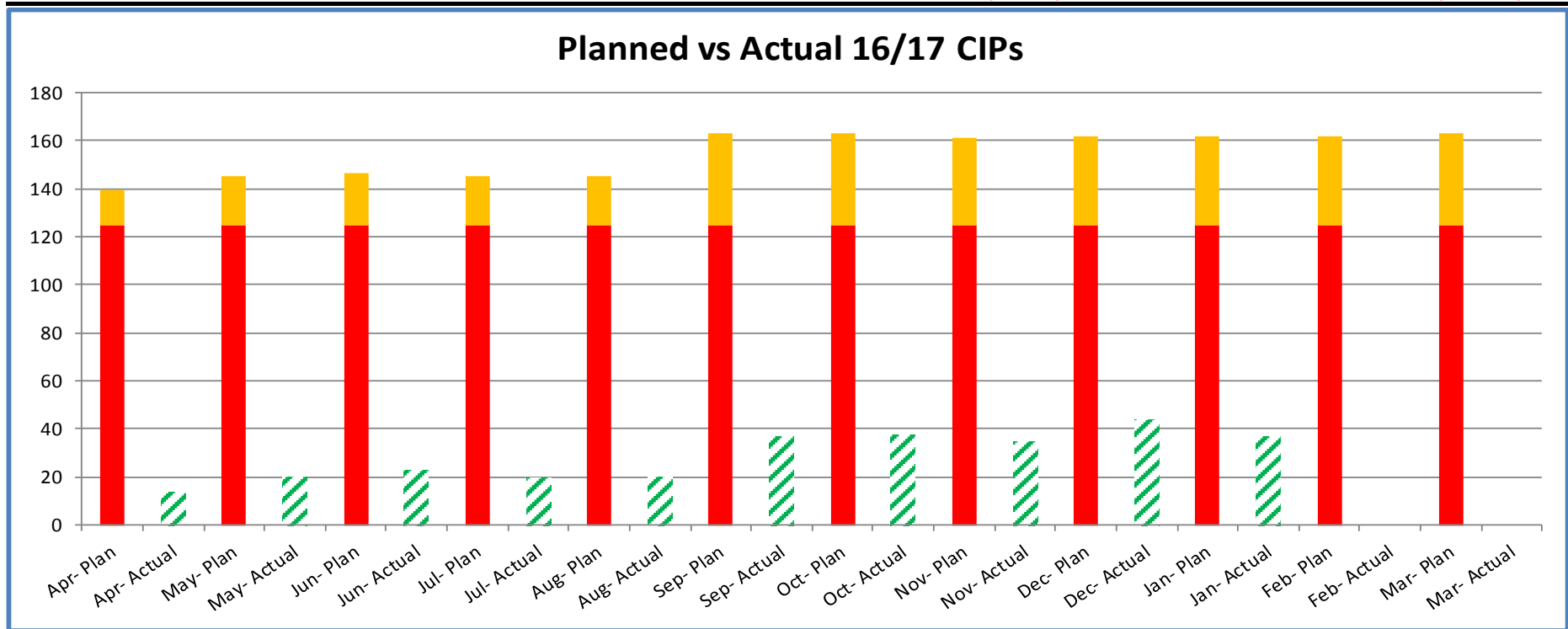
£.04m

(£.13m)

£1.53m

£.29m

(£1.25m)



All values in £000

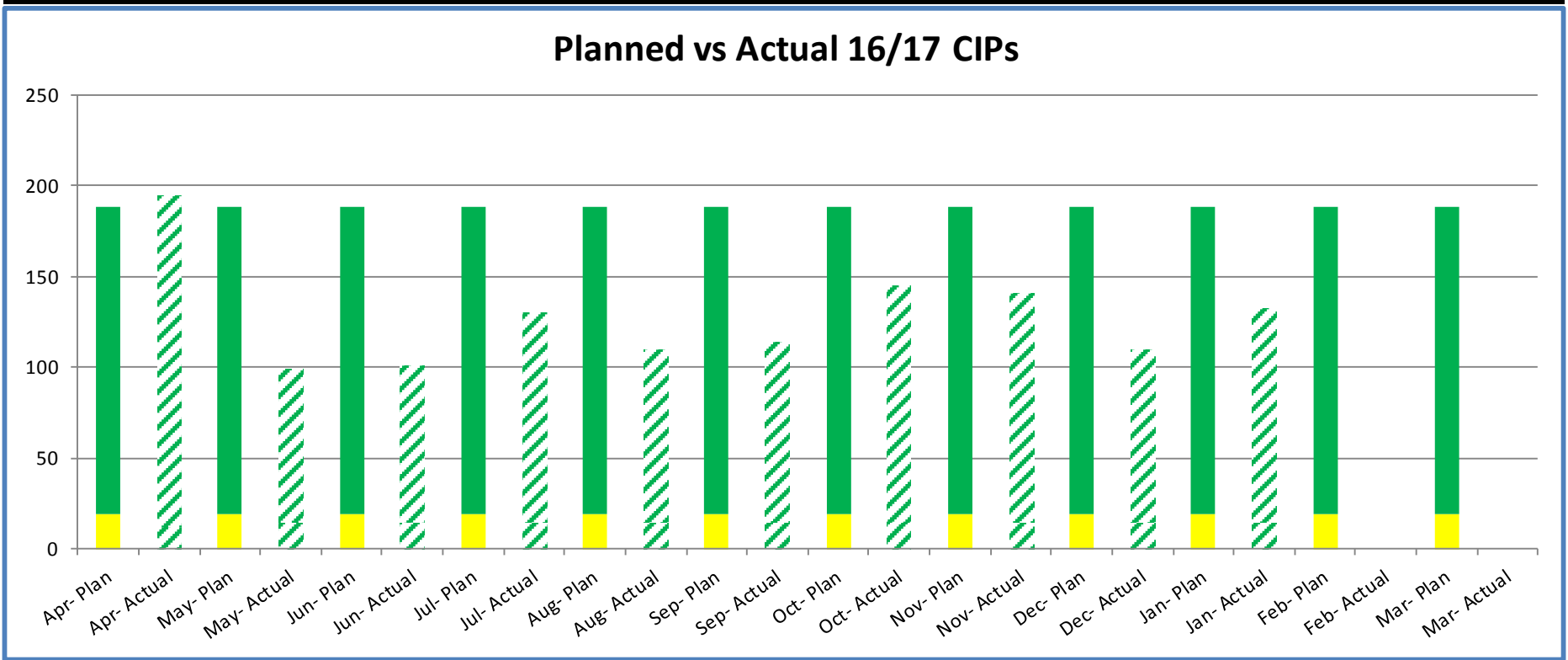
HR

Ref	Sheetname	Annual Plan(£k)	Jan- Plan	Jan- Actual	Jan - Var	Jan - YTD Plan	Jan - YTD Actual	YTD Var
17.21	HR - Staff flow	118	17	17	0	85	85	1
17.25	HR - Expenses policy	30	3	3	1	25	30	5
17.27	HR - Extend staff flow	78	8	8	0	61	61	0
17.29	HR - Maternity leave	10	0	0	0	10	10	0
17.31	HR - Cap on agency	1,500	125	0	(125)	1,250	0	(1,250)
17.32	HR - IT system to book internal	100	8	8	(0)	83	83	(0)
17.33	HR - Staff counselling	5	0	0	0	5	5	0
17.34	HR - Company secretary	16	1	1	(0)	14	13	(0)
Grand Total		1,857	162	37	(125)	1,532	287	(1,246)

All values in £000

Medicine FPH

Total CIP Plan	Mth 10 - Plan	M10 - Actual	M10 Variance	Mth 10 - Plan YTD	M10 - Actual YTD	M10 Variance YTD
£2.26m	£.19m	£.13m	(£.06m)	£1.88m	£1.28m	(£.61m)



All values in £000

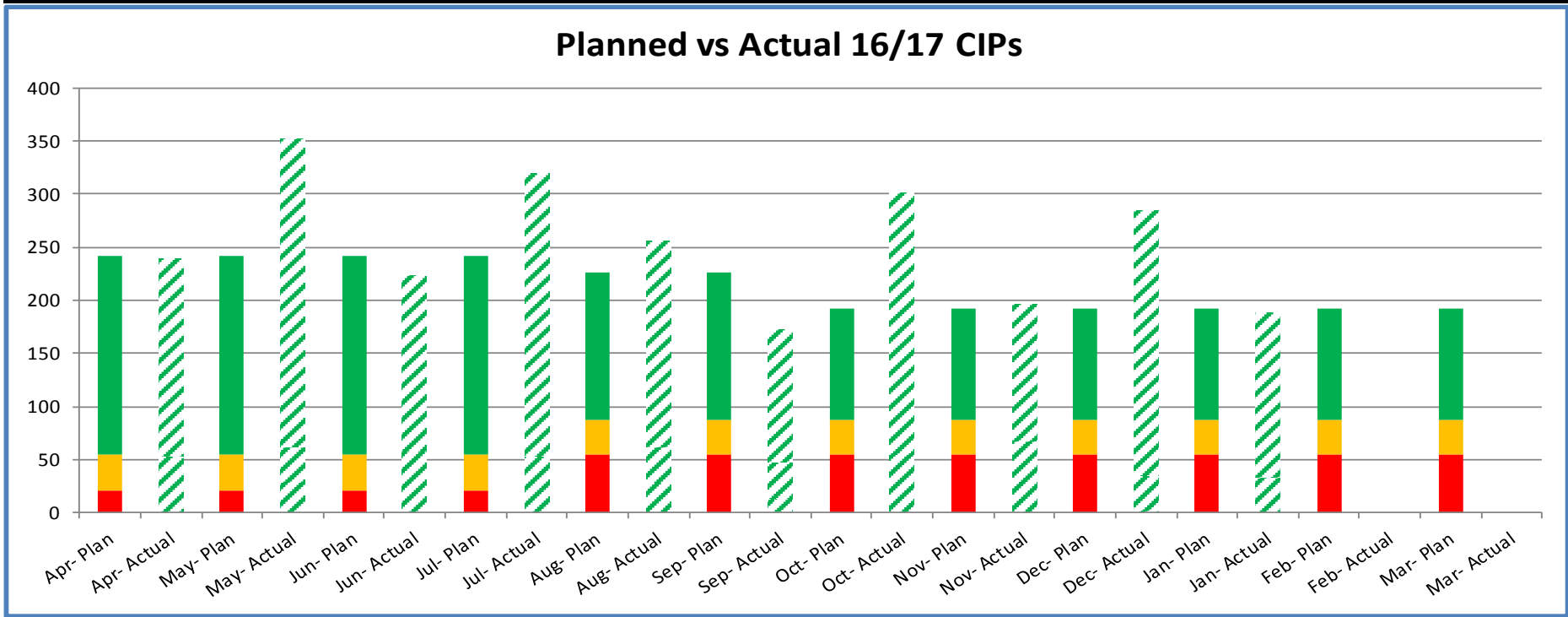
Medicine FPH

Ref	Sheetname	Values						
		Annual Plan(£k)	Jan- Plan	Jan- Actual	Jan - Var	Jan - YTD Plan	Jan - YTD Actual	YTD Var
2.31	Medicine - Non-elecrive bed	156	13	7	(7)	130	65	(65)
2.32	Medicine - OP Cardiology	102	8	4	(4)	85	53	(32)
2.35	Medicine - Reduction in locum	265	22	0	(22)	221	124	(97)
2.36	Medicine - Reduction ED agency	258	22	15	(7)	215	77	(138)
2.38	Medicine - Clinical Nurse	50	4	4	0	42	38	(4)
2.39	Medicine - Ward housekeepers	100	8	0	(8)	83	0	(83)
2.40	Medicine - HCAs on medical ward	330	28	0	(28)	275	0	(275)
2.42	Medicine - Patient transport	0	0	0	0	0	0	0
2.43	Medicine - Day Hospital review	0	0	0	0	0	0	0
2.44	Medicine - Non recurrent scheme	100	8	25	17	83	176	93
2.45	Medicine - Red pen exercise	200	17	0	(17)	167	113	(53)
2.46	Medicine - Dermatology OP	0	0	0	0	0	0	0
2.47	Medicine - Sleep studies	330	28	48	21	275	404	129
2.48	Medicine - Pleural procedures	133	11	15	4	111	82	(28)
2.59	Medicine - Monitor Agency cap F	246	0	0	0	0	0	0
2.60	Medicine - Derm Spec Nrs	0	0	2	2	0	17	17
2.61	Medicine - Clin Nrs Spec Rev	0	0	4	4	0	40	40
2.62	Medicine - Admin	0	0	2	2	0	20	20
2.63	Medicine - Matron	0	0	4	4	0	40	40
Grand Total		2,503	188	133	(56)	1,882	1,276	(606)

All values in £000

Medicine HWP

Total CIP Plan	Mth 10 - Plan	M10 - Actual	M10 Variance	Mth 10 - Plan YTD	M10 - Actual YTD	M10 Variance YTD
£2.57m	£.19m	£.19m	(£.0m)	£2.19m	£2.54m	£.35m



All values in £000

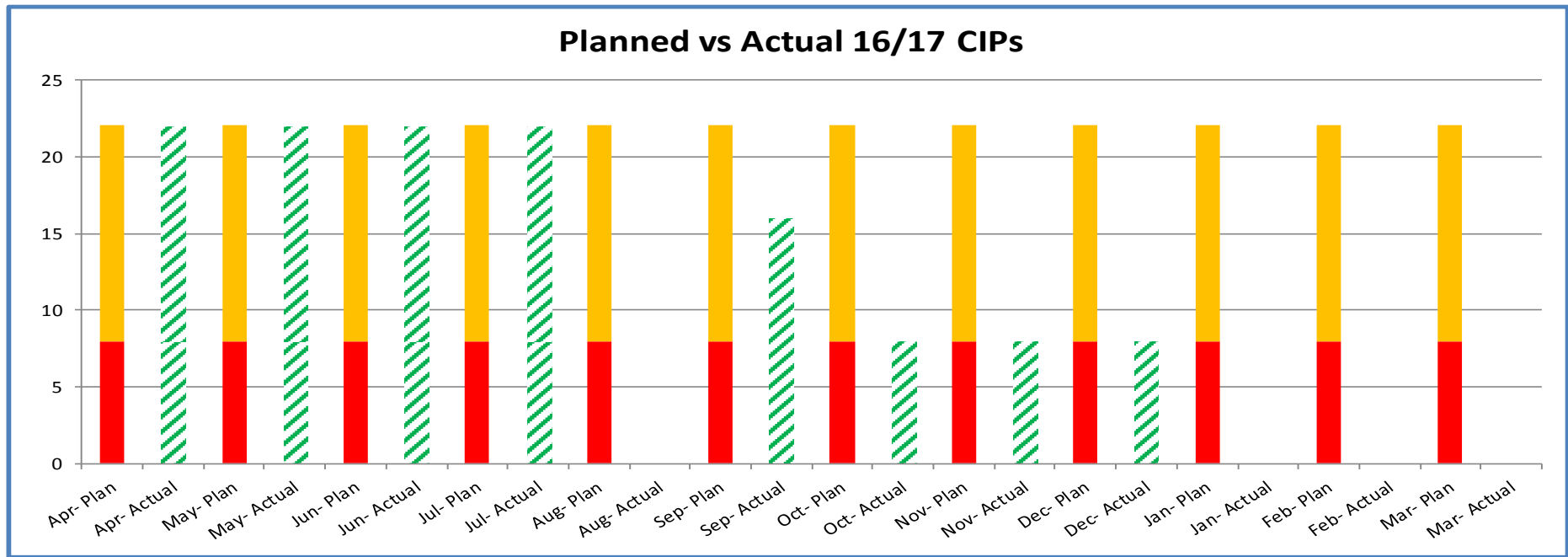
Medicine HWP

Ref	Sheetname	Values						
		Annual Plan(£k)	Jan- Plan	Jan- Actual	Jan - Var	Jan - YTD Plan	Jan - YTD Actual	YTD Var
3.01	Medicine - Premium staffing med	200	0	0	0	200	200	0
3.13	Medicine - Stop 6 ED consultant	120	10	0	(10)	100	0	(100)
3.14	Medicine - Agency reduction A&E	82	14	0	(14)	55	14	(41)
3.15	Medicine - Ward closure GP unit	287	0	0	0	287	351	64
3.16	Medicine - LoS non-elective	750	62	139	77	625	1,205	580
3.17	Medicine - Nursing chest clinic	23	2	2	0	19	65	46
3.18	Medicine - Prof&Tech Agency	44	4	4	0	37	19	(18)
3.19	Medicine - Admin agency	20	2	2	0	17	18	1
3.20	Medicine - Non-pay consultancy	100	8	8	(0)	83	82	(1)
3.21	Medicine - Non-pay external	25	2	0	(2)	21	21	0
3.22	Medicine - Incone growth	400	33	33	(0)	333	332	(1)
3.23	Medicine - Productivity review	250	21	0	(21)	208	148	(60)
3.24	Medicine - Monitor Agency cap W	269	34	0	(34)	202	81	(121)
Grand Total		2,570	192	188	(3)	2,186	2,537	350

All values in £000

Nursing and Quality

Total CIP Plan	Mth 10 - Plan	M10 - Actual	M10 Variance	Mth 10 - Plan YTD	M10 - Actual YTD	M10 Variance YTD
£.27m	£.02m	£.0m	(£.02m)	£.22m	£.13m	(£.09m)

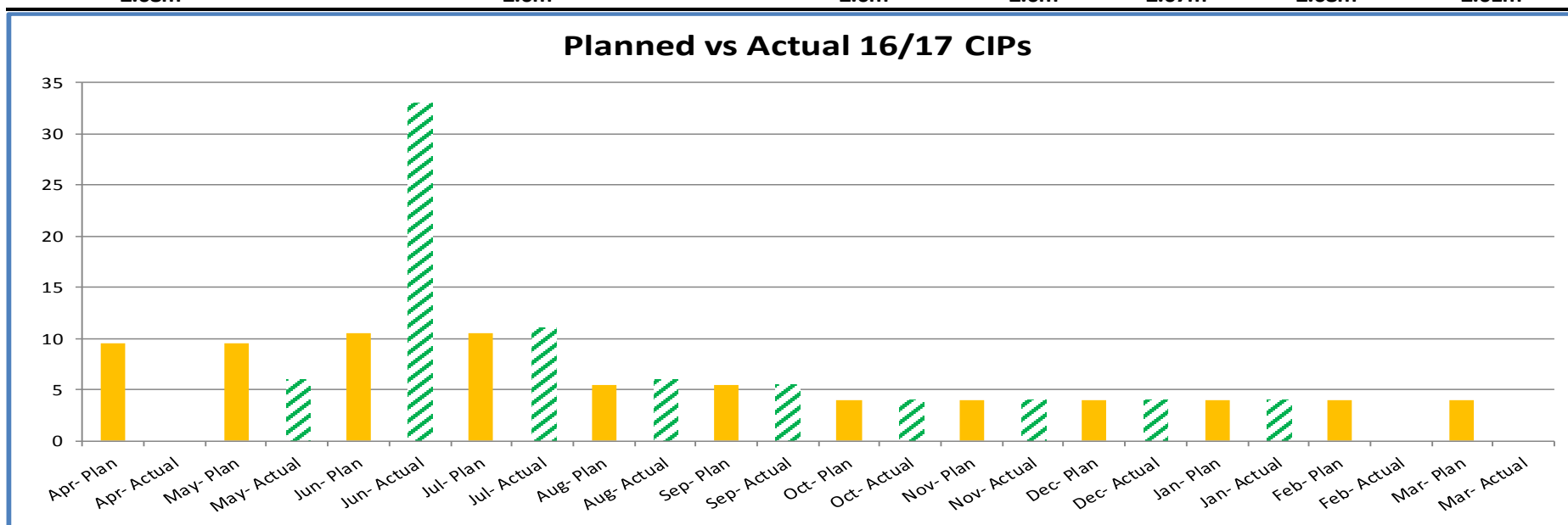


Ref	Sheetname	Annual Plan(£k)	Jan- Plan	Jan- Actual	Jan - Var	Jan - YTD Plan	Jan - YTD Actual	YTD Var
19.15	Nursing - Reduction 4 posts	170	14	0	(14)	142	56	(86)
19.16	Nursing - Transfer of post	95	8	0	(8)	79	72	(7)
Grand Total		265	22	0	(22)	221	128	(93)

All values in £000

Outpatients FPH

Total CIP Plan	Mth 10 - Plan	M10 - Actual	M10 Variance	Mth 10 - Plan YTD	M10 - Actual YTD	M10 Variance YTD
£.08m	£.0m	£.0m	£.0m	£.07m	£.08m	£.01m

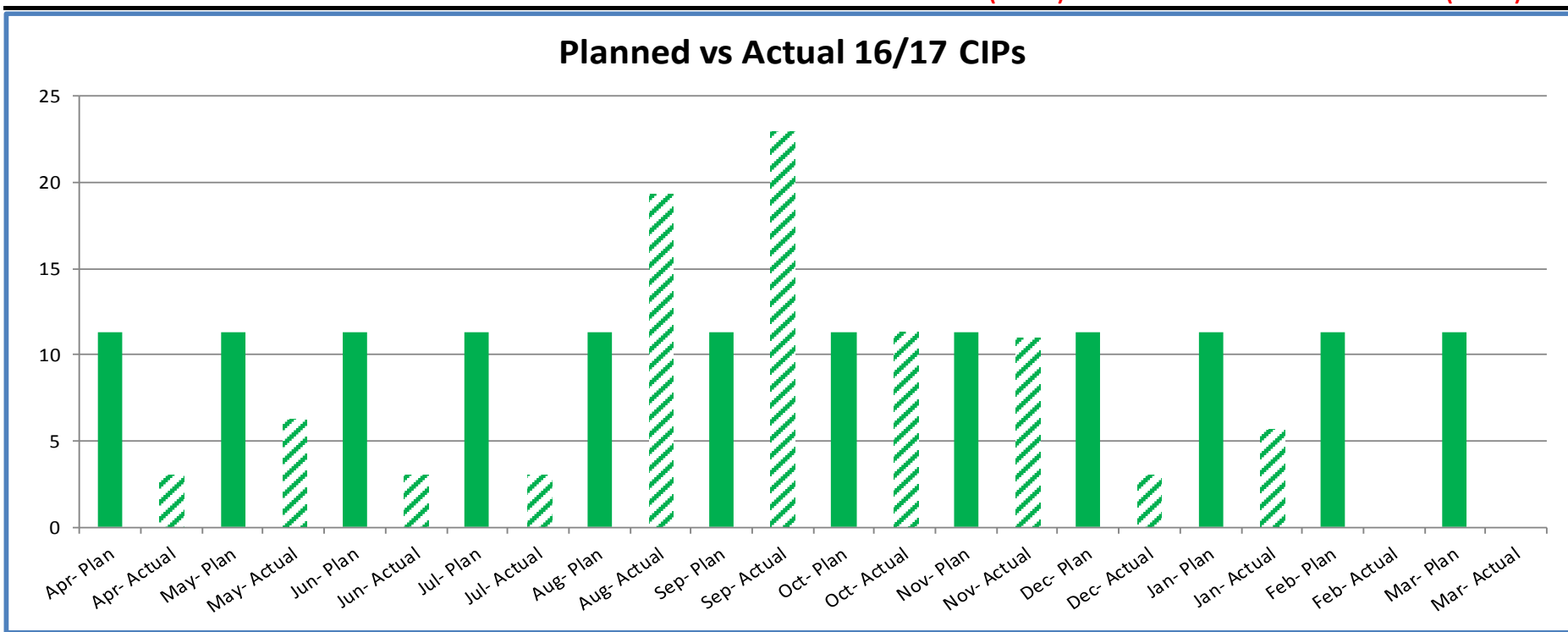


Ref	Sheetname	Annual Plan(£k)	Jan- Plan	Jan- Actual	Jan - Var	Jan - YTD Plan	Jan - YTD Actual	YTD Var
12.21	Ops FPH - Albany 2	20	0	0	0	20	20	0
12.25	Ops FPH - Patient Access & WL Manager	40	4	4	0	32	40	8
12.26	Ops FPH - Choose book manager	6	0	0	0	6	6	0
12.29	Ops FPH - Letter Folder Machine	9	0	0	0	9	12	3
Grand Total		75	4	4	0	67	78	11

All values in £000

Ops HWP

Total CIP Plan	Mth 10 - Plan	M10 - Actual	M10 Variance	Mth 10 - Plan YTD	M10 - Actual YTD	M10 Variance YTD
£.14m	£.01m	£.01m	(£.01m)	£.11m	£.09m	(£.02m)

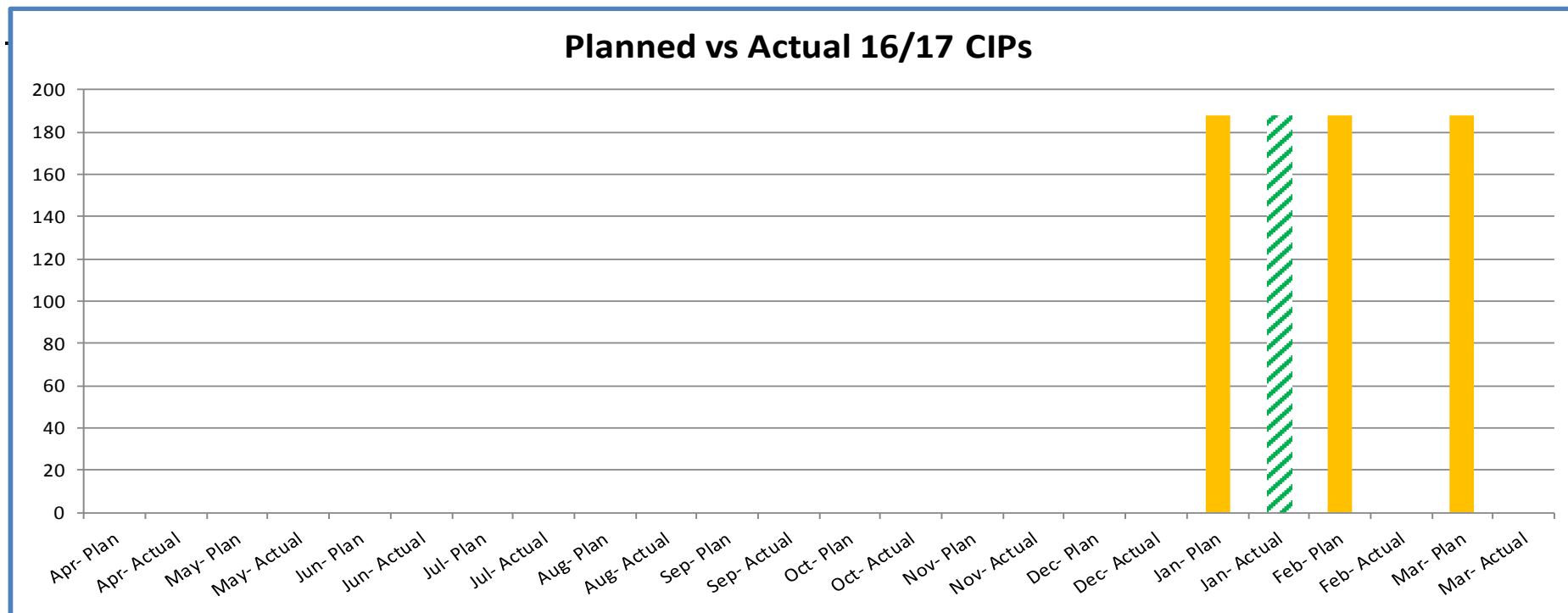


Ref	Sheetname	Annual Plan(£k)	Jan- Plan	Jan- Actual	Jan - Var	Jan - YTD Plan	Jan - YTD Actual	YTD Var
4.23	Ops WPH - Secretarial cost	14	1	1	(0)	12	11	(0)
4.24	Ops WPH - Consultancy reduction	22	2	2	0	18	19	1
4.34	Ops WPH - EDMS project	0	0	0	0	0	0	0
4.39	Ops WPH - Transport	100	8	3	(6)	83	59	(25)
Grand Total		136	11	6	(6)	113	89	(25)

All values in £000

Pathology

Total CIP Plan	Mth 10 - Plan	M10 - Actual	M10 Variance	Mth 10 - Plan YTD	M10 - Actual YTD	M10 Variance YTD
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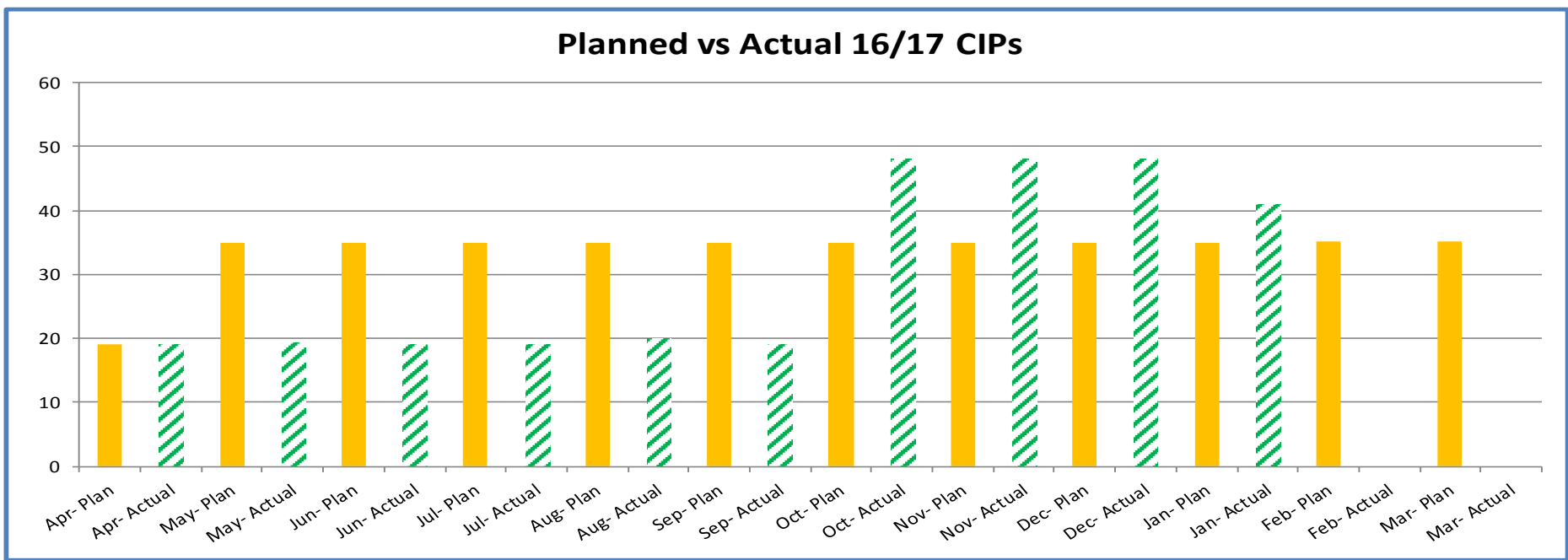


Ref	Sheetname	Values							
		Annual Plan(£k)	Jan- Plan	Jan- Actual	Jan - Var	Jan - YTD Plan	Jan - YTD Actual	YTD Var	
6.11	Pathology - SPS business case	563	188	188	0	188	188	0	
Grand Total		563	188	188	0	188	188	0	

All values in £000

Radiology

Total CIP Plan	Mth 10 - Plan	M10 - Actual	M10 Variance	Mth 10 - Plan YTD	M10 - Actual YTD	M10 Variance YTD
£.40m	£.04m	£.04m	£.01m	£.33m	£.30m	(£.03m)

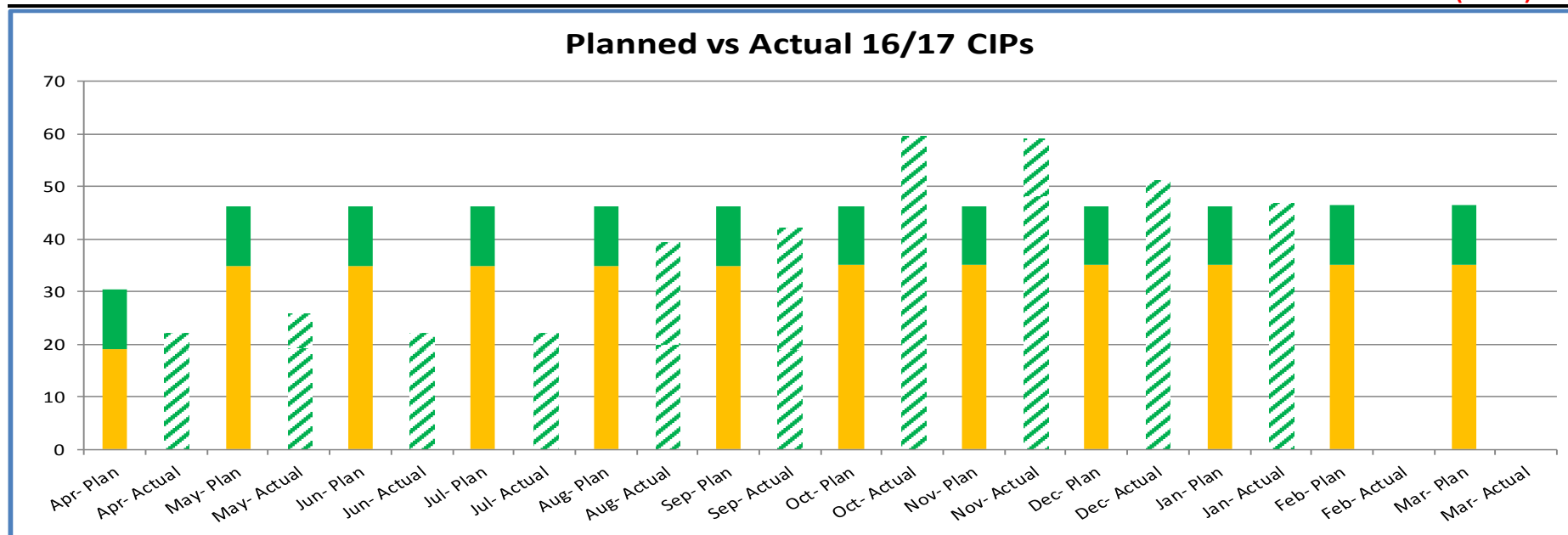


Ref	Sheetname	Annual Plan(£k)	Jan- Plan	Jan- Actual	Jan - Var	Jan - YTD Plan	Jan - YTD Actual	YTD Var
8.12	Radiology - CMR patients	174	16	29	13	142	116	(26)
8.13	Radiology - Volumetric contrast	95	8	8	0	79	79	0
8.14	Radiology - Bookings walk in	45	4	4	0	37	38	1
8.15	Radiology - Water chillier MRI	90	8	0	(8)	75	68	(7)
Grand Total		404	35	41	6	334	301	(32)

All values in £000

Outpatients WPH

Total CIP Plan	Mth 10 - Plan	M10 - Actual	M10 Variance	Mth 10 - Plan YTD	M10 - Actual YTD	M10 Variance YTD
£.54m	£.05m	£.05m	£.0m	£.45m	£.39m	(£.06m)



Ref	Sheetname	Annual Plan(£k)	Jan- Plan	Jan- Actual	Jan - Var	Jan - YTD Plan	Jan - YTD Actual	YTD Var
4.25	Ops WPH - A&C band 4	14	1	1	(0)	12	11	(0)
4.26	Ops WPH - Cessation of services	46	4	0	(4)	39	0	(39)
4.28	Ops WPH - SM sublet of OPD OOH	22	2	2	0	18	19	1
4.29	Ops WPH - Provision space OOH	23	2	0	(2)	19	0	(19)
4.30	Ops WPH - SM sublet of OPD Vas	4	0	0	(0)	3	3	(1)
4.31	Ops WPH - Provision space OPD	4	0	0	(0)	4	3	(1)
4.35	Ops WPH - Oral surgery review	8	1	1	0	7	8	1
Grand Total		121	10	4	(6)	102	43	(58)

All values in £000

Theatres, Critical Care and Anaesthetics – Memo: revised plan

Total CIP Plan	Mth 10 - Plan	M10 - Actual	M10 Variance	Mth 10 - Plan YTD	M10 - Actual YTD	M10 Variance YTD
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£2.39m

£.28m

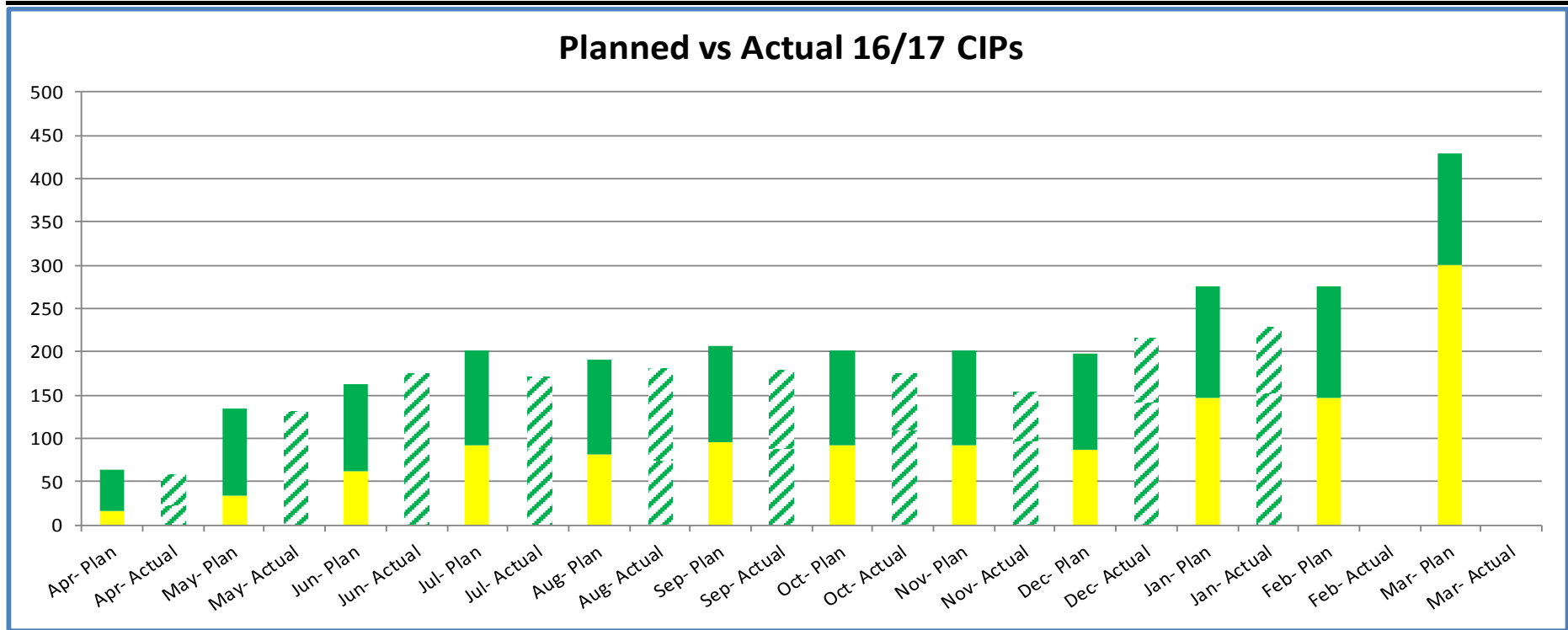
£.23m

(£.05m)

£1.83m

£1.67m

(£.16m)



All values in £000

Theatres, Critical Care and Anaesthetics – Memo: revised plan

Ref	Sheetname	Annual Plan(£k)	Jan- Plan	Jan- Actual	Jan - Var	Jan - YTD Plan	Jan - YTD Actual	YTD Var
9.11	ATCC - Agency recruitment	300	28	14	(14)	243	148	(95)
9.12	ATCC - Local enhanced hours	50	4	4	0	42	40	(2)
9.13	ATCC - R&R premium for FPH	22	2	2	0	18	19	1
9.17	ATCC - Stock control process	600	103	103	0	393	446	53
9.18	ATCC - In-session utilisation	800	84	47	(37)	632	475	(157)
9.19	ATCC - Pre-op slots FPH	123	10	10	(0)	103	106	4
9.24	ATCC-CCG Mesh Recharge	50	4	8	4	42	85	44
9.25	ATCC-Pain Consumables	204	19	19	0	167	200	33
9.26	ATCC - Robot Maintenance	140	12	12	0	117	119	3
9.27	ATCC - Pain WLI	100	10	10	0	80	33	(47)
Grand Total		2,388	276	229	(47)	1,835	1,671	(164)

All values in £000

Therapies

Total CIP Plan	Mth 10 - Plan	M10 - Actual	M10 Variance	Mth 10 - Plan YTD	M10 - Actual YTD	M10 Variance YTD
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£.36m

£.03m

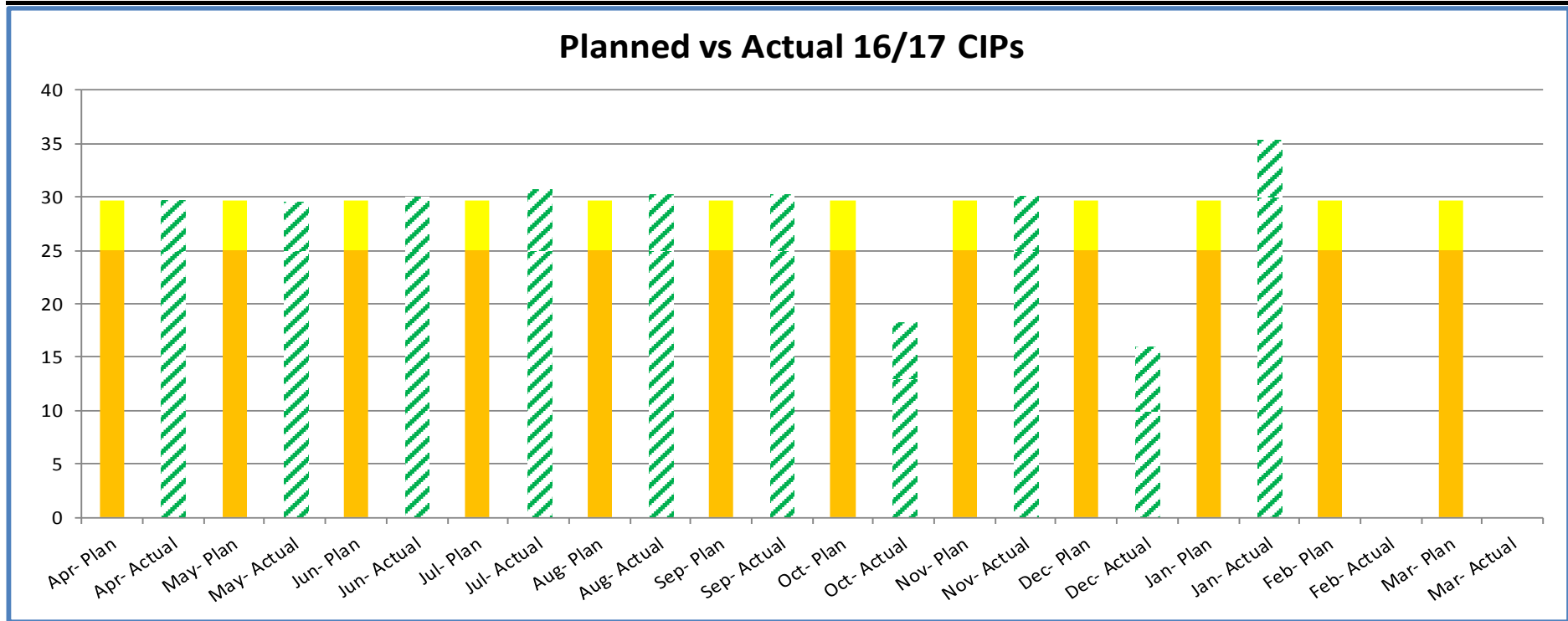
£.04m

£.01m

£.30m

£.28m

(£.02m)



All values in €000

Therapies

Ref	Sheetname	Annual Plan(£k)	Jan- Plan	Jan- Actual	Jan - Var	Jan - YTD Plan	Jan - YTD Actual	YTD Var
10.13	Therapies - OT budget trust	30	3	3	1	25	29	4
10.16	Therapies - Patient appliances	300	25	30	5	250	228	(22)
10.17	Therapies - Dietetics budget	9	1	1	0	8	10	3
10.19	Therapies - SALT budget	16	1	1	0	13	13	(0)
Grand Total		356	30	35	6	296	280	(16)

All values in £000

Women's and Children's

Total CIP Plan	Mth 10 - Plan	M10 - Actual	M10 Variance	Mth 10 - Plan YTD	M10 - Actual YTD	M10 Variance YTD
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£.85m

£.07m

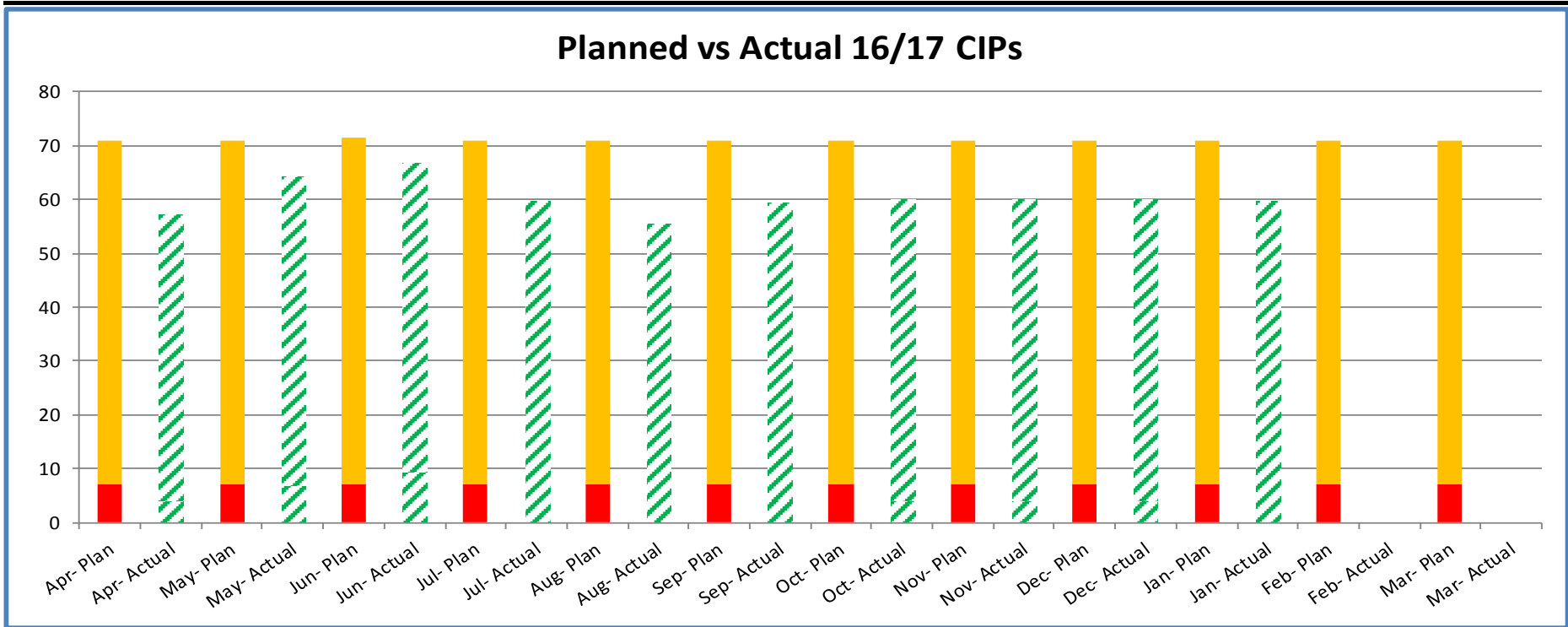
£.06m

(£.01m)

£.71m

£.60m

(£.11m)



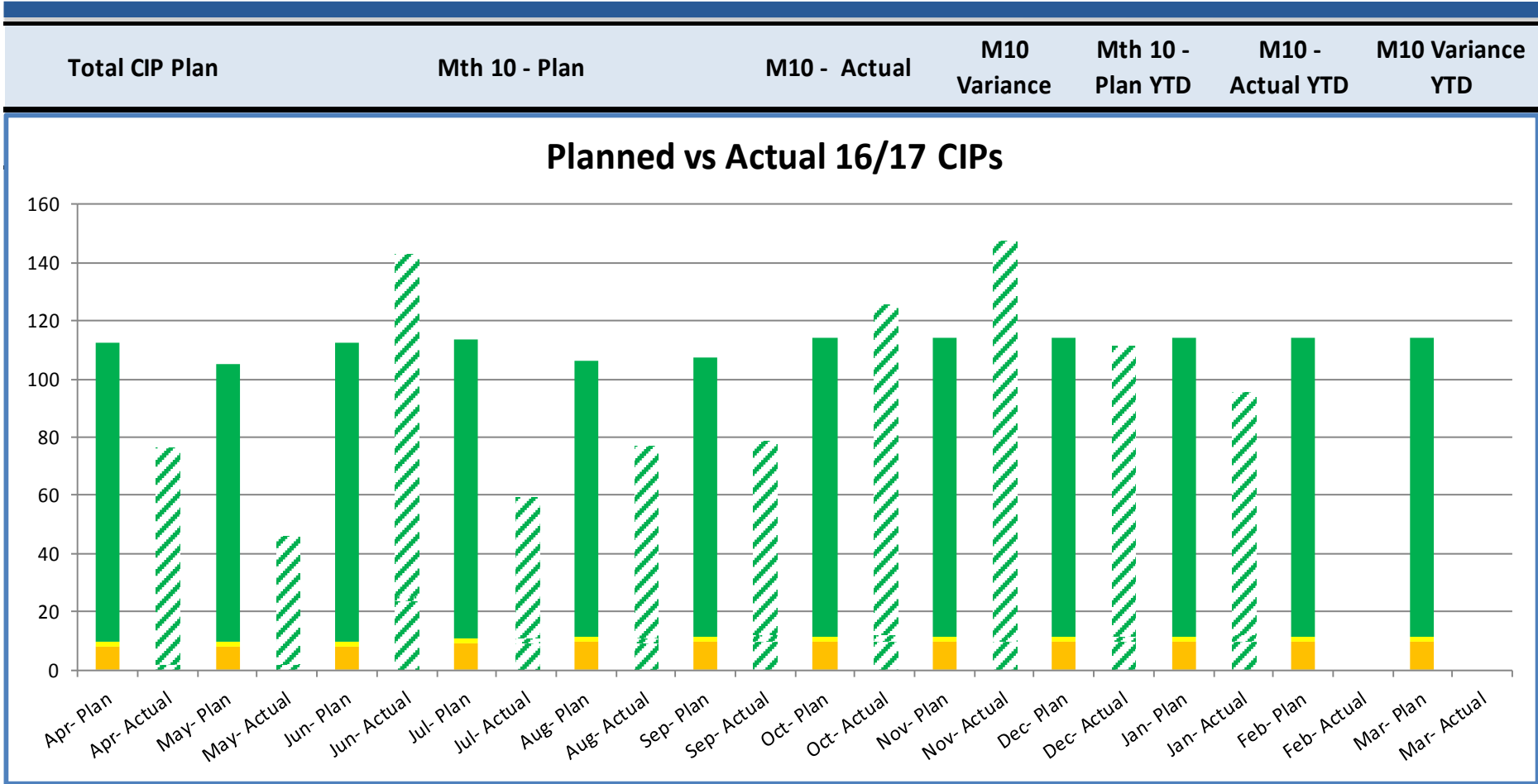
All values in £000

Women's and Children's

Ref	Sheetname	Annual Plan(£k)	Jan- Plan	Jan- Actual	Jan - Var	Jan - YTD Plan	Jan - YTD Actual	YTD Var
11.22	W&C - Agency reduction	330	28	28	0	275	277	2
11.23	W&C - Band 3 midwifery staff	193	16	16	0	161	161	(0)
11.24	W&C - B7 midwifery posts	115	10	10	0	96	97	1
11.25	W&C - BADS to OPPROC	35	3	0	(3)	29	0	(29)
11.26	W&C - Ward transfer	81	7	0	(7)	68	0	(68)
11.27	W&C - Theatre utilisation Gynae	45	4	2	(2)	38	23	(15)
11.33	W&C - Non pay budget	50	4	4	0	42	44	3
11.35	W&C - Price of baby scans	2	0	0	0	2	1	(1)
Grand Total		852	71	60	(11)	710	602	(107)

All values in £000

Orthopaedics and Plastics



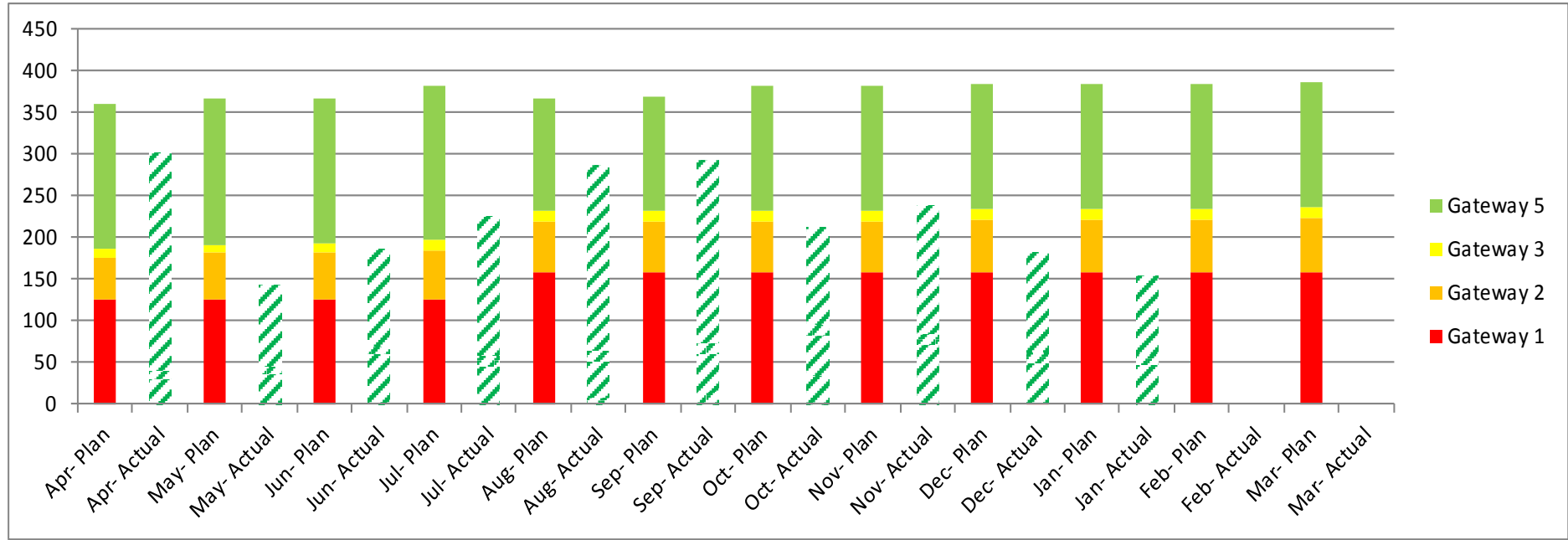
All values in £000

Orthopaedics and Plastics

Ref	Sheetname	Annual Plan(£k)	Jan- Plan	Jan- Actual	Jan - Var	Jan - YTD Plan	Jan - YTD Actual	YTD Var
5.11	O&P - Theatre efficiency T&O HW	307	27	15	(12)	252	179	(73)
5.13	O&P - New to FU ratio	155	13	13	0	129	111	(18)
5.16	O&P - Prosthesis	470	39	0	(39)	392	294	(98)
5.20	O&P - Medirota at HH	40	3	3	(0)	33	31	(2)
5.21	O&P - Agency spend plastics	42	4	52	49	35	148	113
5.23	O&P - Open MRI spend	3	0	0	(0)	3	2	(1)
5.24	O&P - DNAs at HWP	32	3	0	(3)	27	0	(27)
5.25	O&P - Uniform spend	20	2	2	0	17	18	1
5.27	O&P - Medical agency ortho	160	13	0	(13)	133	86	(47)
5.28	O&P - Monitor Agency cap	113	10	10	0	93	92	(1)
Grand Total		1,342	114	95	(19)	1,114	960	(153)

All values in £000

Month 10 Temporary Staffing CIP



All values in £000

Month 10 Temporary Staffing CIP: – 59% YTD achievement

Ref	Sheetname	Annual Plan			Jan - YTD			
		(£k)	Jan -Plan	Jan -Actual	Jan - Var	Jan - YTD Plan	Actual	YTD Var
	1.33 Surgery - Medical agency	384	32	0	(32)	320	605	285
	1.34 Surgery - Nursing agency	125	10	6	(4)	104	127	23
	1.67 Surgery - Monitor Agency cap	182	16	0	(16)	150	0	(150)
	2.35 Medicine - Reduction in locum	265	22	0	(22)	221	124	(97)
	2.36 Medicine - Reduction ED agency	258	22	15	(7)	215	77	(138)
	2.59 Medicine - Monitor Agency cap F	246	0	0	0	0	0	0
	3.01 Medicine - Premium staffing med	200	0	0	0	200	200	0
	3.14 Medicine - Agency reduction A&E	82	14	0	(14)	55	14	(41)
	3.18 Medicine - Prof&Tech Agency	44	4	4	0	37	19	(18)
	3.19 Medicine - Admin agency	20	2	2	0	17	18	1
	3.24 Medicine - Monitor Agency cap W	269	34	0	(34)	202	81	(121)
	5.21 O&P - Agency spend plastics	42	4	52	49	35	148	113
	5.27 O&P - Medical agency ortho	160	13	0	(13)	133	86	(47)
	5.28 O&P - Monitor Agency cap	113	10	10	0	93	92	(1)
	9.11 ATCC - Agency recruitment	300	28	14	(14)	243	148	(95)
	11.22 W&C - Agency reduction	330	28	28	0	275	277	2
	16.11 Finance - Agency premium spend	150	13	13	(0)	123	121	(2)
	17.27 HR - Extend staff flow	78	8	8	0	61	61	0
	17.31 HR - Cap on agency	1,500	125	0	(125)	1,250	0	(1,250)
	20.11 Info&Contract - Interim payment	18	2	2	1	15	20	5
	Grand Total	4,765	385	154	(231)	3,748	2,217	(1,531)

All values in £000

Month 10 Performance – Year End Forecast – 89% Achievement

Row Labels	Total Plan	F'CAST OUTTURN	F'CAST OUTTURN: % EXPECTED TO ACHIEVE
Womens and Childrens	851	745	88%
Therapies	356	296	83%
Theatres, Crit Care and Anaesthetic	2,540	1,912	75%
Surgery	2,665	2,852	107%
Radiology	404	404	100%
Pathology	563	563	100%
Outpatient WPH	122	55	45%
Outpatient FPH	75	86	115%
Orthopaedics and Plastics	1,342	1,207	90%
Ops WPH	136	147	108%
Nursing and Quality	265	152	57%
Medicine (WPH)	2,570	2,831	110%
Medicine (FPH)	2,258	1,583	70%
Information and Contracts	157	157	100%
HR & Corporate Services	1,857	546	29%
Finance	160	160	100%
Estates and Facilities	1,099	1,264	115%
Education	95	104	109%
Cross Cutting - Procurement	2,453	2,553	104%
Cross Cutting - Pharmacy	2,259	2,134	94%
Information Management & Techno	240	240	100%
Grand Total	22,466	19,954	89%

All values in £000

Trust Overview – Synergies 2016/17

Workstream/Directorate	2016/17	Additional Comments
Procurement	400	Delivery monitored via Procurement Tracker
Finance	162	Audit savings identified
Contracting & Information	248	All schemes confirmed as on track.
IM & T	109	All schemes confirmed as on track.
HR	218	NHS Professionals contract cost saving confirmed as on track.
Dir of Ops	218	Still to Find
Estates & Facilities	605	Telecomms restructure slippage to Q4; Car Park income uncertain;
Pharmacy	27	Restructure
Grand Total	1,987	

At risk of non delivery in year



In-Progress or part year effect only



Delivered



Report Title	Corporate Risk Assurance Framework – February 2017
Meeting	Board of Directors (Public)
Meeting Date	March 2017
Agenda No.	10.
Report Type	To present Frimley Health NHS Foundation Trust’s high level risks to the Board of Directors
Prepared By	Debbie Barrow Governance Manager
Executive Lead	Sir Andrew Morris Chief Executive
Executive Summary	<p>The Frimley Health Risk Assurance Framework (RAF) is the primary mechanism for high level risk management within the organisation.</p> <p>This report summarises the discussions regarding ‘high level’ risks facing Frimley Health NHS Foundation Trust at the February 2017 meeting of the Corporate Governance Group. The method of scoring risks to categorise them as high, moderate and low risks is based on a ‘5 x 5’ matrix. The risk rating is reached by scoring impact/consequence and likelihood on a scale of 1-5 and multiplying these together.</p>
Background	
Issues / Actions	In this version of the RAF, there are 13 ‘high’ graded and 1 ‘extremely high’ graded risks identified and these are summarised in the attached paper. One new risk was identified and none were re-graded.
Recommendation	The Board of Directors is asked to note the high level risks included in the Trustwide Risk Assurance Framework
Appendices	Corporate Risk Assurance Framework – February 2017

Risk Assurance Framework - Risk Scoring Guide

Risks included in the Risk Assurance Framework (RAF) are assessed as extremely high, high, medium and low based on a Impact/Consequence x Likelihood matrix. **Impact/Consequence-** The descriptors below are used to score the impact/ consequence of the risk occurring. If the risk covers more than one column, the highest scoring column is used to grade the risk.

Level	Descriptor	Risk Type			
		Injury/Harm	Service Delivery	Financial	Reputation/Publicity
1	Negligible	No injuries or injury requiring no treatment or intervention	Service Disruption that does not affect patient care	Less than £10,000	Rumours
2	Minor	Minor injury or illness requiring minor intervention.	Short disruption to services affecting patient care or intermittent breach of key target	Loss of between £10,000 and £100,000	Local media coverage
		< 3 days off work if staff			
3	Moderate	Moderate injury requiring professional intervention	Sustained period of disruption to services/sustained breach of key target	Loss of between £101,000 and £500,000	Local media coverage with reduction in public confidence
		RIDDOR reportable incident			
4	Major	Major injury leading to long term incapacity requiring significant increased length of stay.	Intermittent failures in a critical service	Loss of between £501,000 and £5M	National media coverage and increased level of political/public scrutiny Total loss of public confidence
			Significant underperformance of a range of key targets		
5	Extreme	Incident leading to death	Permanent closure/loss of a service	Loss of >£5M	Long term or repeated adverse national publicity
		Serious incident involving a large number of patients			Removal of Chair/CEO or exec team

High Risk Tracking Matrix

Likelihood	Consequence				
	Insignificant	Minor	Moderate	Major	Catastrophic
Rare					
Unlikely					
Possible					H I J
Likely				A B C D E F G K L M	
Almost Certain				N	

High Risk Summary – February 2017

Chart Ref	Risk Name	Source	Current Score			Target Score	Score Trend				Date Risk Added
			C	L	R		Previous Month	3 months ago	6 months ago	Direction of Travel	
Corporate Objective 1: Pursuing the highest level of quality, patient experience and clinical outcomes											
A	Nurse Staffing Capacity	FPH/WPH	4	4	16	8				↔	Nov-12
B	Bed Capacity	FPH/WPH	4	4	16	4				↔	Jul-15
C	Recognition of Deteriorating Patient	FPH/WPH	4	4	16	6				↑	Apr-15
D	Critical Care Capacity	FPH/WPH	4	4	16	6				↑	Jun-15
E	PACS/RIS System at WPH	WPH	4	4	16	6				↑	Jan-17
F	A&E 4-hour target	FH	4	4	16	8				↑	Sep-12
G	Lack of Medical Acute Dependency Unit at WPH	WPH	4	4	16	6				□	Feb-17
H	Procedures of Lower Clinical Value	FH	5	3	15	6				□	Feb-17
I	Medical Staffing Capacity	FH	5	3	15	8				↑	Nov-12
J	Electronic Document Management System (EDMS)	FH	5	3	15	4				↑	May-16
Corporate Objective 2: Transforming our infrastructure											
K	Delivery of Informatics Strategy 2016/17	HWP	4	4	16	4				↔	Apr-13
L	Failure/breakdown of Radiology CT/Ultrasound Equipment	HWP	4	4	16	4				↔	Mar-15
Corporate Objective 3: Developing our Staff and our Culture											
M	Participation in Mandatory Training & Appraisals	HWP/FPH	4	4	16	4				↔	Jan-12
Corporate Objective 4: Breaking through traditional healthcare boundaries											
Corporate Objective 5: Developing leading edge services											
Corporate Objective 6: Keeping Control of Resources											
N	Failure to achieve Medium Term Financial Sustainability	FH	4	5	20	4				↔	Sep-11

Risk Name	Current Risk Rating	Actions	Assurance
Failure to achieve medium term financial sustainability (FPH/HWPH)		<ol style="list-style-type: none"> 16/17 CIP plan in place and being delivered. Transformation workstream projects up and running for key workstreams. Agency costs being reduced wherever possible 90% of CIP being delivered, detailed work being undertaken on 'Agency Other' Series of actions agreed in response to oversepnd Savings requirement in excess of £30m for 2017/18 and 2018/19 	<ul style="list-style-type: none"> Plans to be approved & reviewed at Board level External assurance may be sought
A&E 4-Hour Target Risk to Monitor governance rating due to failure to deliver A&E 4 hour target, potential 12-hour breaches, and pressures on bed capacity and patient flow with potential to impact ability to deliver routine and critical services, delay in patient treatment, quality of care, and patient safety.		<ol style="list-style-type: none"> Remedial action plan regarding patient flow and discharge Review 7 day provision in line with national requirements Increase the number of pathways applicable to AECU Work needed with social care on delays To finalise the trigger tool and operational directives to take to HEB Further 21 beds to be opened at FPH December 2016 Monitoring of any 12-hour breaches to ensure patient safety is maintained To put Cardiologist in ED to work alongside clinicians General Medicine consultants to work a late shift 1-10 from July Additional GPs to assist in ED New Ambulatory Care Unit (ACU) at FPH opened Feb 17 Physicians now in ED at WPH Care Home beds/packages under consideration Achieved September 16 Q3 performance rated 22nd in the country 	<ul style="list-style-type: none"> Weekly performance meetings. Daily monitoring of breaches of A&E 4 hour target. Daily alerts to CEO. Performance on standard reported directly to the Board. Reviewed by Hospital Executive Board and Quality Assurance Committee on behalf of the Board.
Delivery of Informatics Strategy 2016/17 Risk of failure to deliver the Informatics Strategy 16/17 as a key part of the quality and efficiency objective.		<ol style="list-style-type: none"> Informatics board to confirm programme Clinical Leads identified for each project Transformation support to be sought for each major project Clinical IT lead appointed Nurse lead to be appointed, 2nd advert for Nurse lead published to interview November 16 To retest sequencing of various initiatives, to bring combined PAS system forward to mitigate records issues The capacity of the Informatics team to deliver the IT Strategy is under review 	<ul style="list-style-type: none"> Reviewed by Informatics Board with key outcomes reported to the Board via the Hospital Executive Board
Potential risk to patient care due to nursing staff capacity (FPH &HWPH)		<ol style="list-style-type: none"> Multiple retention schemes being explored at Corporate and local level Temporary staffing workstreams Further European recruitment and RR action plan in place Specialist nurses offering support to wards areas and practice development team undertaking clinical shifts. Matrons working clinically in ward areas at time of short staffing Nursing vacancy rate decreased to 14.6% in December 16 A vacancy trajectory is in place to further decrease the vacancy rate to 11% by Sept 2017 30 Candidates from Philippines recruited in August due to start from February. Second trip to the Philippines planned for March 2017. 	<ul style="list-style-type: none"> Recruitment progress reviewed at Weekly Ward Moves meeting, chaired by Deputy COO Board will receive assurance via the Quality Assurance Committee Workforce Group established which monitors management of risk, reporting into Hospital Executive Board

		9. Turnover at WP has decreased significantly from 25% to 16%	
Participation in Mandatory Training & Appraisals		<ol style="list-style-type: none"> 1. E-learning packages continue to be rolled out and technical issues being addressed. 2. Alternative delivery methods to be employed, e.g. hosting training in workplace where possible. 3. Development of single metric for inclusion on Trust and divisional balanced scorecards. 4. Follow up paper to Quality Committee with update on progress 5. New Policy now launched 6. Temp p/t post to help with system integration. 7. Report scheduled for the Board meeting in November 8. Improvement of 8% observed in appraisals 	<ul style="list-style-type: none"> • Board will be updated via the Trust Corporate Governance Group • Workforce Group established which monitors management of risk, reporting into Hospital Executive Board
Bed Capacity Risk to patient experience due to potential for lack of sufficient bed capacity to meet demand during Winter months 15/16		<ol style="list-style-type: none"> 1. Work with NE Hants on Vanguard scheme to provide integrated care hubs to reduce admissions to FPH 2. New ward planned for Frimley Park, to open December 16 3. Bed profiling completed, 61-bed deficit on Frimley site 4. Driving Vanguard & Integrated Care teams to improve flow 5. New working practices being trialled 6. Care Home packages, appointment of 8 care assistants to assist Hants Social Care 7. Emergency workload increase 13% at WPH and 6% at FPH in first 6 months 16/17 8. Nursing home trial to commence on 1/11/16 with 5 beds in conjunction with Hants Social Care at Freelands 9. Ambulatory care to be provided, 7 days a week, 10 hours a day 10. New Ambulatory Care Unit (ACU) to open at FPH Jan 2017. 11. Acquisition of Fleet Hospital Ward (17 beds) + 4 Integrated Care Teams Jan 2017. 12. FPH setting up a hospital hub for the Integrated Referral Information Service (IRIS). 	<ul style="list-style-type: none"> • 6-monthly updates presented to BOD
Medical Staffing Capacity Risk of inadequate, appropriately trained staff, particularly in Middle and Junior Grades in A&E and Middle Grade Surgeons and difficulty in recruiting, with potential to impact on, and cause delays to, patient diagnosis and treatment, and lead to clinic cancellations, gaps in the on-call rota, lack of immediate urgent specialty support and compromise patient care.		<ol style="list-style-type: none"> 1. Complete implementation of ward staffing system, linked to ESR. 2. Recruitment via 2nd tier agency recruitment to continue. 3. Medical Model to be introduced 4. Chief of Service reviewing recruitment & retention schemes for ED & Paeds 5. Middle grade rota to be reviewed (comparison of numbers per activity needed to compare both sites) 6. Review of Medical Staffing & Manpower Coordinator role 7. Work in New Year on introducing Consultant Nurses to replace FY1 drs 8. Review of high cost locums complete and new pay rates agreed 	<ul style="list-style-type: none"> • Board will receive assurance via the Quality Assurance Committee. • A Workforce Group established to monitor management of risk, reporting into the Hospital Executive Board.

<p>Electronic Document Management System (EDMS) There is a risk that Trust staff (non IM&T) do not have sufficient IT skills to support an electronic patient record and that the organisation is not ready to move to an electronic solution, for example having multiple manual systems and forms that may need to be streamlined before going electronic</p>		<ol style="list-style-type: none"> 1. EDMS steering group monitoring all major risks to go-live. 2. 'Forms' committee established with clinical leadership to attempt to streamline data capture. 3. Clinicians being briefed through standing item on HEB agenda. 4. 'Go Live' programme to commence 30/1/17 5. Each speciality to ensure relevant staff have completed EDMS training package & to be clear where they are in EDMS roll out programme 6. Each ward to risk assess position in terms of ward clerks and numbers of discharges each day 7. Floor Walkers to be available to support implementation & to provide out of hours advice via telephone 8. Phase 1 successfully in place 	<ul style="list-style-type: none"> • Reviewed by the Informatics Board, with key outcomes reported to the Board via the Hospital Executive Board.
<p>Lack of Medical Acute Dependency Unit at WPH Potential risk to the safe management of patients requiring a higher level of care than can be provided in a ward area due to the number of level 2 & 3 beds on the Critical Care unit and resultant impact on patient flow</p>		<ol style="list-style-type: none"> 1. Negotiations underway with Commissioners to invest in MADU at WPH 	<ul style="list-style-type: none"> • Critical Care Delivery Group • Quality Committee
<p>Procedures of Lower Clinical Value Risk to Trust reputation and finances/activity due to CCG change in process around procedures of lower clinical value and threshold procedures</p>		<ol style="list-style-type: none"> 1. Continuing negotiations with the CCGs around impact of proposal 	<ul style="list-style-type: none"> • Hospital Executive Board • Weekly Performance Meetings

<p>Recognition of the Deteriorating Patient Risk of poor outcome through failure to recognise a patient with a deteriorating condition. To ensure that all clinical staff have the right skills, knowledge and tools to recognise & deliver timely treatment to the deteriorating patient.</p>		<ol style="list-style-type: none"> 1. Resus Team now functioning 8-8 on both sites. 2. To ensure that all relevant staff have received ALERT training 3. Medical Director nominated Exec Lead for Critical Care - November 2016. 4. National Early Warning System (NEWS) launched and implemented across FPH and WPH sites. 5. Training Needs Analysis for the Management of the Deteriorating Patient including Alert course to be reviewed and prioritisation given to senior medical staff in training 6. To review 'Hospital at Night' and make recommendations to standardise arrangements across Frimley Health 7. Cross-site audit of compliance to be undertaken in December 2016. 8. Triggers for high level care increasing on Wexham Park site with failure to escalate deteriorating patient 	<ul style="list-style-type: none"> • Work of Trustwide M&M Committees monitored through Quality Committee and reported to Board verbally by Medical Director
<p>PACS/RIS System at WPH The current PACS/RIS system at HWPH is running on unsupported software and obsolete hardware, exposing the Trust to significant risk in the event of a failure. There is no disaster recovery in place, so if the system fails, the service will not be operational (there will be no access to PACS images throughout the Trust and the Radiology department processes will slow down) and the supplier have confirmed that extending any support will be on a best endeavours basis only.</p>		<ol style="list-style-type: none"> 1. PMO continue to work with the Business users to agree the way forward. 	<ul style="list-style-type: none"> • Reviewed at IOG and IM&T Heads Meeting

Report Title	Board Sub-Committee Terms of Reference
Meeting	Public Board
Meeting Date	3 rd March 2017
Agenda No.	11.
Report Type	For Review
Prepared By	Kevin Jacob, Assistant Company Secretary
Executive Lead	Janet King, Director of Human Resources and Corporate Services
Executive Summary	This paper asks the Board to take an overview of the attached Terms of Reference of Board Sub-Committees.
Background	<p>Board Sub-Committees review their Terms of Reference on an annual basis prior to approval by the full Board.</p> <p>The Terms of Reference were last considered by the Board at its private meeting in September 2016 and the Terms of Reference are available on the Trust's website.</p>
Issues / Actions	In the interests of transparency it is appropriate to bring the Terms of Reference to a public meeting for review.
Recommendation	That the Board review and approve the attached Board sub-committee Terms of Reference.

Appendices	<ol style="list-style-type: none">1. Audit Committee Terms of Reference2. Finance Assurance Committee3. Commercial Development and Investment Committee4. Quality Assurance Committee5. Charitable Funds Committee6. Nominations Committee7. Performance and Remuneration Committee
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Audit Committee (Assurance)

Terms of Reference

1. Constitution

The Audit Committee is formally established as a sub-committee of the Board of Directors of Frimley Health NHS Foundation Trust (the Trust).

The Audit Committee will review these Terms of Reference on an annual basis as part of a self-assessment of its own effectiveness. Any recommended changes brought about as a result of the yearly review, including changes to the Terms of Reference, will require Board of Directors approval.

2. Authority

The Audit Committee is directly accountable to the Board of Directors. All minutes of committee meetings will be reported directly to the Board of Directors.

The Audit Committee is authorised by the Board of Directors to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee. The Audit Committee is authorised by the Board to obtain external legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

3. Aim

The aim of the Audit Committee is to:

- Review the adequacy of the governance, risk management and internal control processes within the Trust, reporting any concerns and issues to the Board, with significant risks being drawn to the attention of the Council of Governors.
- Monitor the integrity of the Trust's financial statements and the significant financial reporting judgements contained in them.
- Review the Trust's internal financial controls.
- Monitor and review the effectiveness of the internal audit process.
- Review and monitor the effectiveness of the external audit process and the External Auditors' independence and objectivity.
- Review the Trust's processes to monitor the effectiveness of clinical audit
- Review arrangements by which staff of the Trust may raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters.
- Provide an annual overview of the Trust's systems for ensuring compliance with CQC standards.

4. Objectives

Specific duties of the Audit Committee include:

4.1 Governance, Risk Management and Internal Control

Review the establishment and maintenance of an effective system of governance, risk management and internal control, across the whole of the Trust's activities (both clinical and non-clinical) that supports the achievement of the Trust's objectives. In particular, the Audit Committee will:

- Keep under review the effectiveness of the Trust's internal management controls;
- Review the adequacy of the processes supporting all risk and control related disclosure statements (in particular the Annual Governance Statement, the Quality Report and declarations of compliance with the Care Quality Commission's Core Standards), together with any accompanying Head of Internal Audit opinion, external audit opinion or other appropriate independent assurances;
- Review the Trust-wide Risk Assurance Framework document for the purpose of receiving assurance that the totality of Trust risk is being managed appropriately;
- Review and approve the statements to be included in the annual report concerning internal financial controls and risk management (the Annual Governance Statement);
- Review the adequacy of the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;
- Review the adequacy of the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements;
- Review the adequacy of the policies and procedures for all work related to fraud and corruption as set out in the Secretary of State Directions and as required by the Counter Fraud Service.

In carrying out this work, the Audit Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of governance, risk management and internal control, together with indicators of their effectiveness. This will be evidenced through the Committee's use of an effective Risk Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

4.2 Internal Audit

Ensure that there is an effective internal audit function established by management that meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board of Directors. This will be achieved by:

- Prompt review of all reports on the Trust from the Internal Auditors;
- Review and monitor management's responsiveness to the findings and recommendations of the Internal Auditors;
- Consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal;
- Review and approval of the Internal Audit Strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation;
- Consideration of the major findings of internal audit work (and management's response), and ensure coordination between the Internal and External Auditors to optimise audit resources;
- Ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation;
- Annual review of the effectiveness of internal audit.

4.3 External Audit

Review the work and findings of the External Auditor appointed by the Council of Governors and consider the implications and management's responses to their work. This will be achieved by the following:

- Consideration of the appointment and performance of the External Auditor, as far as the Trust constitution permits;
- Discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, and ensure coordination, as appropriate, with other External Auditors in the local health economy;

- Discussion with the External Auditors on their evaluation of audit risks and assessment of the Trust and associated impact on the audit fee;
- Review of all External Audit reports together with the appropriateness of management responses;
- Developing and implementing policy on the engagement of the External Auditors to supply non-audit services. Detailed guidance is set out in a separate Non-Audit Policy.
- Meet regularly with the External Auditors, including once at the planning stage before the audit and once after the audit at the reporting stage;
- Review any representation letter(s) requested by the External Auditors before they are signed by management;
- Review the ISA260 Communication with those Charged with Governance, the limited assurance report on the Quality Report and management's response to the auditor's findings and recommendations;
- Oversee the relationship with the External Auditors.

4.4 Review Meetings with Auditors

Meet at least once a year in private with each of the internal and external auditors and with both sets of auditors, to review if there are any issues which need to be discussed or addressed with the Trust.

4.5 Other Assurance Functions

Review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications to the governance of the organisation. These will include, but will not be limited to, any reviews by NHS Improvement, Department of Health Arms Length Bodies or Regulators / Inspectors (e.g. Care Quality Commission, NHS Litigation Authority, etc), and professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc). The Board will decide where external reviews will be considered on a case by case basis, as some matters may be of more relevance to another committee.

In addition, the Audit Committee will review the work of other committees within the organisation, whose work can provide relevant assurance to the Audit Committee's own scope of work. In particular, the Audit Committee will refer to the work of the Quality Assurance Committee, which coordinates and implements all the responsive actions being taken by the organisation in relation to quality and provides assurance to the Board of Directors that the quality agenda is being embedded in line with the Quality Strategy, and that performance is measured and monitored.

4.6 Management

Request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control. It can also request specific reports from individual functions within the organisation as it may be appropriate to the overall arrangements.

4.7 Financial Reporting

Monitor the integrity of the financial statements of the Trust, including its operating and financial review and significant financial returns to regulators, before clearance by the auditors and before submission to and approval by the Board, and shall review significant financial reporting issues and judgements which they contain. Additionally, the Audit Committee will review the Annual Report and Accounts before submission to the Board, focusing particularly on:

- The wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the Audit Committee;
- Changes in, and compliance with, accounting policies and practices;
- Unadjusted misstatements in the financial statements;
- Major judgemental areas; and
- Significant adjustments resulting from the audit.

The Audit Committee will also ensure that the systems for financial reporting to the Board of Directors, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

The Audit Committee will review schedules of losses and compensations, making recommendations to the Trust Board as appropriate, taking account of delegated limits. The Audit Committee shall review and challenge where necessary:

- The consistency of, and any changes to, accounting policies on a year-on-year basis and across the Trust;
- The methods used to account for significant or unusual transactions where different approaches are possible;
- Whether the Trust has followed appropriate accounting standards and made appropriate estimates and judgements, taking into account the views of the External Auditors;
- The clarity of disclosure in the Trust's financial reports and the context in which statements are made;
- All material information presented with the financial statements, such as the operating and financial review and the governance report.

4.8 Whistleblowing and Fraud

- Review the Trust's arrangements for its staff to raise concerns, in confidence, about possible improprieties in matters of financial reporting and control, clinical quality, patient safety and other matters.
- Ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow up action.

5. Method of working

A standard agenda as follows will be used by the Audit Committee:

1. Apologies for absence
2. Declarations of Interest
3. Minutes of the previous meeting
4. Action Log
5. Internal audit reports
6. External audit reports
7. Counter-fraud report
8. Trust-wide Risk Assurance Framework
9. Reference costs (as necessary)
10. Losses and write-offs report (Quarterly)
11. Council of Governors – any items to draw to their attention
12. Any other business
13. Date of next meeting

All minutes of the Committee will be presented in a standard format, as set out in Appendix A.

All meetings will receive an action log (detailing progress against actions agreed at the previous meeting) for the purposes of review and follow-up. The action log template is attached at Appendix B.

6. Membership

6.1 Committee Membership

The members of the Audit Committee shall comprise at least three Non-Executive Directors of the Trust, of which at least one will have relevant financial experience. The Chairman of the Trust shall not be a member of the Committee.

6.2 Committee Chair

The Board of Directors will appoint one of the members to Chair the Committee. In the absence of the Chair, the remaining members present shall elect one of the NEDs to Chair the meeting.

6.3 Disclosure and Discussions

Each Committee member shall disclose to the Committee:

- Any conflict of interest;
- Any personal financial interest in any matter to be decided to the Committee.

Any such member shall refrain from discussions concerning such matters and, if requested by the Committee Chair, will leave the meeting for the duration of the discussion.

6.4 Attendees

Only members of the Audit Committee have the right to attend Committee meetings. However, other individuals, including external advisors, may be invited to attend all or part of any meeting, as and when appropriate.

The Chief Executive and the Director of Finance and appropriate Internal and External Audit representatives shall normally attend meetings. However, the Audit Committee should meet privately with the External and Internal Auditors at least once a year. Other Executive Directors should be invited to attend, particularly when the Audit Committee is discussing areas of risk or operation that are the responsibility of that director.

The Chief Executive should be invited to attend, at least annually, to discuss with the Audit Committee the process for assurance that supports the Annual Governance Statement.

The Chairman of the Trust should be invited to attend, at least annually, to discuss with the External Auditors the programme for the annual external audit.

6.5 Review of Membership

The membership will be reviewed annually by the Audit Committee and the Board of Directors to ensure it is still appropriate. Attendance records will be kept and published in the Trust's Annual Report.

7. Quorum

The quorum shall be a minimum of two Non-Executive Directors present in person or by telephone. A duly convened meeting of the Audit Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by, the Committee.

8. Frequency of Meetings

The Audit Committee will hold a minimum of four meetings a year. Meetings will be arranged as appropriate, but generally every two months. Members of the Committee will be notified of each meeting confirming the venue, the time, date and duration no later than one month before the meeting. Extraordinary meetings of the Audit Committee may be called at short notice with the agreement of the Committee Chair.

In addition, an extraordinary Audit Committee meeting will be held for the purpose of the signing of the Annual Report and Accounts. The Agenda for this will purely focus on these items and standard agenda items will not apply.

Committee members are expected to attend a minimum of 75% of the Committee meetings held each financial year.

The Audit Committee will conduct its business as it sees fit. Decisions of the Committee will be a majority decision. In the case of equality of votes, the Chair of the Committee will have a second or casting vote or can decide to refer the matter to the Board for its consideration.

9. Secretariat

An agenda and all supporting papers will be sent (electronically or as a hardcopy) to each Audit Committee member, and any other person required to attend, usually no later than five working days before the date of the meeting. Where an external adviser has been retained, the adviser may circulate the papers to the members of the Audit Committee.

Minutes and agenda will be circulated by the Deputy Company Secretary.

10. Reporting lines

The minutes of each Audit Committee meeting will be reported to the private Board of Directors.

Additionally, the Audit Committee will report to the Board of Directors annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the Corporate Assurance Framework, the completeness and embeddedness of risk management in the organisation and the integration of governance arrangements.

The Chair of the Committee will report to the Council of Governors in relation to the performance of the external auditor in order to enable the Council of Governors to consider whether or not to re-appoint the external audit firm. In addition, the Chair of the Committee will report any other significant issues to the Council of Governors.

Where a significant risk emerges either through a report or from discussion at a Committee meeting, this will be reported to the Board by the Chair of the Committee.

11. Openness

Agenda, papers and minutes considered confidential. A summary of the minutes of each meeting will be included in the next public board agenda.

Reviewed by: Audit Committee

Date: 19th May 2016

Approved by: Board

Date: 2 September 2016

Review date: **September 2017**

Finance Assurance Committee

Terms of Reference

1. Constitution

The Finance Assurance Committee is established as a Committee of the Board of Directors of Frimley Health NHS Foundation Trust (the Trust).

The Finance Assurance Committee will review these Terms of Reference on an annual basis as part of a self-assessment of its own effectiveness. Any recommended changes brought about as a result of the yearly review, including changes to the Terms of Reference, will require Board of Directors approval.

2. Authority

The Finance Assurance Committee is directly accountable to the Board of Directors. All minutes of committee meetings will be reported directly to the Board of Directors.

The Finance Assurance Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Financial Assurance Committee.

The Finance Assurance Committee is further authorised by the Board to obtain external independent professional advice and to secure the attendance of specialists with relevant experience and expertise if it considers this necessary.

3. Aim

The aim of the Finance Assurance Committee is to provide an objective view of the financial performance, and financial strategy of the Trust, together with an understanding of the risks and assumptions within the Trust financial plans and projections. The committee will review arrangements for procurement and productivity and efficiency within the Trust, including plans to deliver savings and transformation. The committee will provide assurance to the Board about the integrity and deliverability of the Trust financial and efficiency plans.

4. Objectives

Specific responsibilities of the Financial Assurance Committee include:

- Financial strategy and business planning:
 - Review the trust Annual and medium-term financial plans, assess the assumptions therein and the alignment with overall Trust objectives.
 - Review in-year performance against financial plan, particularly gaining an understanding of key assumptions and risks within the Trust projections.
 - Review through particular scrutiny 'Deep Dive Reviews' the latest year end forecast at the end of months 3, 6 and 9.
 - Review levels of contingency within the Trust financial plans and the phasing of key developments and efficiency schemes, ensuring that the full impact of any developments (including depreciation and cost of capital) have been appropriately included.
 - Review and develop reporting arrangements.

- Income and Contracts management
 - Review the Trust contracting approach with key commissioners
 - Monitor in-year income against contract and levels of risk, including commissioner challenges, accrued income, fines and penalties, and income disputes.
 - Review arrangements for non-activity related income streams, particularly CQUIN, to understand alignment with Trust clinical priorities and levels of income risk.
 - Consider material opportunities to grow new income streams and market share of existing services.

- Transformation and Efficiency
 - Review the process for developing the CIP and for the oversight and delivery of the programme within the Trust.
 - Review the process for developing the transformation plan and for the oversight and delivery of the programme within the Trust.
 - Consider and recommend any major transformation programmes that the Trust should undertake.
 - Review the annual CIP and transformation plan to provide assurance that delivery risk is minimised and productivity and efficiency maximised, in particular that contingency, phasing and risk mitigation plans are appropriate and that savings programmes are realistic and deliverable.
 - Receive assurances regarding efficient and effective resource planning, particularly with respect to staffing and the deployment of agency staff.
 - Receive benchmarking and other information (for example from Carter metrics) to assess Trust productivity and ensure targeting or efficiency programmes.
 - Receive assurance that any process reviews are conducted using an appropriate methodology (for example LEAN).

- Procurement
 - Review the Trust procurement strategy, systems and arrangements for obtaining best value.
 - Monitor progress against the NHS standards of Procurement within the Trust.

- Other
 - Oversee funding arrangement for DH transaction deficit support and CCG integration funding.
 - Gain assurance that Cash management arrangements are robust.
 - Review financial systems arrangements including those used for costing, income and service level reporting where appropriate.

5. Method of Working

A standard agenda as follows will be used by the Finance Assurance Committee, including the following:-

1. Apologies for Absence
2. Declarations of Interest
3. Minutes of the Previous Meeting
4. Action Log
5. Any Other Business
6. Date of Next Meeting

All Minutes of the Finance Assurance Committee will be presented in a standard format, as set out in Appendix A.

All meetings will receive an action log (detailing progress against actions agreed at the previous meeting) for the purposes of review and follow-up. The action log template is attached at Appendix B.

6. Membership

The Members of the Finance Assurance Committee shall comprise at least three Non-Executive Directors, one of whom will chair the meeting and one of whom will be nominated as Deputy Chair.

The Chief Executive, Director of Finance and Directors of Operations will be members of the meeting. Any other Executive Director or appropriate attendee will be invited to attend as required. The Director of Operational Finance will deputise in the absence of the Director of Finance and will be considered as a member of the committee in that instance.

The Director of Operation Finance/ the Associate Director of Procurement or deputy will attend and coordinate all meetings.

Other regular attendees will include:

Director of Operational Finance
Associate Director of Procurement

7. Quorum

The quorum shall be three members, of which at least two must be Non-Executive Directors.

8. Frequency of Meetings

The Finance Assurance Committee will meet at least on a bi-monthly basis to ensure it is able to discharge all its responsibilities. A rolling agenda will be constructed such that all areas of the Committees function can be appropriately discharged over each financial year.

Committee members are expected to attend a minimum of 75% of the scheduled meetings.

9. Secretariat function

The agenda will be prepared by the Committee Chair and Director of Operation Finance/ Associate Director of Procurement, with input from the Committee members and other regular attendees who may propose items for inclusion in the agenda. Items for inclusion in the agenda will be submitted a minimum of two weeks prior to the meeting. The agenda with associated meeting papers will be distributed to members of the Committee one week prior to the meeting. Draft minutes of the meetings will be distributed to all members within one month of the meeting. The secretary to the committee will record and disseminate actions and liaise with Trust members to ensure that actions are progressed and papers collated. The date for the next meeting will be arranged and distributed to all members within one month of the meeting. The date for the next meeting will be arranged and distributed to all members with the draft minutes.

10. Reporting Lines

The minutes of each Committee meeting will be reported to the private Board of Directors. A summary of the minutes of each meeting will be included in the next public board agenda.

The Finance Assurance Committee has no sub-committees but will receive a variety of reports to allow it to carry out its stated duties. The Committee will work to minimise overlap with the Audit Committee and the Commercial Development and Investment Committee.

Where a significant risk emerges either through a report or through discussion at a Committee meeting, this will be reported to the Board by the Chair. The outcomes of any 'Deep Dive Reviews' will be reported to the Board and any follow up action kept under review by the Committee.

Reviewed by:

Date:

Approved by: Board

Date: 2 September 2016

Review date: September 2017

Commercial Development and Investment Committee

Terms of Reference

1. Constitution

The Commercial Development and Investment Committee is formally established as a sub-committee of the Board of Directors of Frimley Health NHS Foundation Trust (the Trust).

The Commercial Development and Investment Committee will review these Terms of Reference on an annual basis as part of a self-assessment of its own effectiveness. Any recommended changes brought about as a result of the yearly review, including changes to the Terms of Reference, will require Board of Directors' approval.

2. Authority

The Commercial Development and Investment Committee is directly accountable to the Board of Directors. All minutes of committee meetings will be reported directly to the Board of Directors.

The Commercial Development and Investment Committee is authorised by the Board of Directors to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee. The Commercial Development and Investment Committee is authorised by the Board to obtain external legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

The Commercial Development and Investment Committee has delegated powers to approve capital investments schemes, and long-term leases up to its authorised limits. The limits will be reviewed periodically by the Board of Directors. The authorised limits for the Committee are capital investment schemes and long-term leases (life cycle costs), which have been agreed by the Board of Directors in the Annual Plan, with costs between £500,000 and £1,500,000. If a capital investment scheme, or lease, exceeds the authorised limit, or was not previously agreed by the Board of Directors in the Annual Plan, it will be referred to the Board of Directors for approval, with a recommendation from the Committee.

3. Aim

The aim of the Commercial Development and Investment Committee is to provide the Board of Directors with assurance that major capital investment schemes are in line with the Trust's overall agreed strategy and offer the Board of Directors assurance on the rigour of the Transformation Plan.

4. Objectives

Specific duties of the Commercial Development and Investment Committee include:

4.1 Major Capital Investment Schemes

The Committee has a duty to ensure that a Business Case is prepared which includes sufficient information on the business needs, benefits, risks, funding and affordability, available options, costs, clinical and quality outcome measures, project development milestones, project management and regulatory requirements for it to decide whether or not to approve the scheme or lease.

If major capital investment schemes are approved by the Committee, and by the Board of Directors if appropriate (see Section 2), the Committee will be responsible for reviewing the outcomes achieved following completion.

4.2 Transformation Plan

The Committee will review all Transformation Plan Programmes. Following approval by the Executives of 'Gateway 1 – Define', the Committee will review 'Gateway 2 – Initialisation' and 'Gateway 3 – Implementation', ensuring that these programmes are being formulated and implemented satisfactorily to deliver the promised benefits to the organisation. The Committee will review the Transformation Plan Programmes against the criteria set down in 'Gateway 4 – Close and Post Implementation Review'.

4.3 Key Commercial Arrangements

The Committee will review key commercial arrangements including long-term leases, and major service developments. The Committee will track the progress of such developments, as appropriate.

5. Method of working

A standard agenda as follows will be used by the Commercial Development and Investment Committee:

1. Apologies for absence
2. Declarations of Interest
3. Minutes of the previous meeting
4. Action Log
5. XXXX
6. XXXX
7. XXXX
8. Any Other Business
9. Date of next meeting

All minutes of the Committee will be presented in a standard format, as set out in Appendix A.

All meetings will receive an action log (detailing progress against actions agreed at the previous meeting) for the purposes of review and follow-up. The action log template is attached at Appendix B.

6. Membership

6.1 Committee Membership

The members of the Commercial Development and Investment Committee shall comprise three Non-Executive Directors and five Executive Directors of the Trust, including the Chief Executive and Director of Finance.

6.2 Committee Chair

The Chair of the Committee is appointed by the Board of Directors and will be a Non-Executive Director. In the absence of the Chair of the Committee and/or appointed deputy, the remaining members present shall elect one of the other Non-Executive Directors to Chair the meeting.

6.3 Disclosure and Discussions

Each Committee member shall disclose to the Committee:

- Any personal financial interest in any matter to be decided to the Committee.
- Any conflict of interest;

Any such member shall refrain from discussions concerning such matters and, if requested by the Committee Chair, will leave the meeting for the duration of the discussion.

6.4 Attendees

Only members of the Commercial Development and Investment Committee have the right to attend Committee meetings. However, other individuals, including external advisors, may be invited to attend all or part of any meeting, as and when appropriate.

The Chief Executive, Director of Finance and other Executive Directors shall normally attend meetings.

6.5 Review of Membership

The membership will be reviewed annually by the Commercial Development and Investment Committee and Board of Directors to ensure it is still appropriate. Members' meetings attendance records will be kept and published in the Trust's Annual Report.

7. Quorum

The quorum shall be three in person or by telephone, with at least two Non-Executive and one Executive Director present. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by, the Committee.

8. Frequency of Meetings

The Commercial Development and Investment Committee will hold a minimum of four meetings a year. Meetings will be arranged as appropriate but generally every two months. Members of the Committee will be notified of each meeting confirming the venue, the time, date and duration no later than two months before the meeting.

Extraordinary meetings of the Committee may be called at short notice with the agreement of the Chair of the Committee.

Committee members are expected to attend a minimum of 75% of all meetings held each financial year.

The Commercial Development and Investment Committee will conduct its business as it sees fit. Decisions of the Committee will be a majority decision. In the case of equality of votes, the Chair of the Committee will have a second or casting vote or can decide to refer the matter to the Board for its consideration.

9. Secretariat

An agenda and all supporting papers will be sent (electronically or as a hardcopy) to each Committee member, and any other person required to attend, usually no later than five working days before the date of the meeting. Where an external adviser has been retained, the adviser may circulate the papers to the members of the Nominations Committee.

Those persons submitting papers and reports for the meeting are instructed to do so no later than 10 days prior to the meeting.

Minutes and agenda will be circulated by the Assistant Company Secretary.

10. Reporting lines

The minutes of each Committee meeting will be reported to private Board of Directors. Minutes of the Committee meetings will be circulated promptly to all members and, when agreed, to all members of the Board.

The Chair of the Committee will present the minutes of each meeting to the Board of Directors and shall draw its attention to all capital schemes, including those approved by the Committee within its delegated powers, through the routine capital investment reports presented to the Board of Directors. A summary of the minutes of each meeting will be included in the next public board agenda.

Where a significant risk emerges either through a report from through discussion at a Committee meeting, this will be reported to the Board.

11. Openness

Agenda, papers and minutes will be stored in the shared drive with restricted access.

Reviewed by:

Date: 19 May 2016

Approved by: Board

Date: 2 September 2016

Review date: September 2017

Redevelopment Programme Board

Addendum to the Capital & Investment Committee terms of reference

Overview and purpose

The Board will oversee the programme to redevelop Heatherwood Hospital (HH), Wexham Park Hospital (WPH) Emergency Department (ED), WPH Women & Children's service (W&C) and the WPH Backlog maintenance programme.

Scope

It is responsible for providing assurance to the trust board concerning the progress of plans to redevelop HH, WPH ED, WPH W&C and the backlog maintenance programme ensuring that the programme delivers improvements that support the trust's aims and strategy within an acceptable timescale and cost. The initial programme objective is to ensure that Planning Permission is obtained and that Full Business Cases are produced and approval secured.

The scope of the redevelopment is set out in each approved Outline Business Case. Changes to this scope may be proposed but will need to be approved by the Steering Group and potentially the Programme Board.

Responsibilities

- 1 Ensure that the vision and strategic objectives for the Programme as set out in the Outline Business cases continues to support the Trust's aims and strategy.
- 2 Provide strategic leadership for the overall delivery of the Programme.
- 3 Approve the scope and direction of the Programme and sign off all the key stages and documents.
- 4 Monitor the progress and direction of the Programme making key decisions and agree corrective actions if required.
- 5 Monitor the achievement of the Programme Plan.
- 6 Agree the resource requirements necessary to support the implementation of the Programme and monitor resource use.
- 7 Ensure effective communication with internal and external stakeholders and align the programme with the wider strategic plans of key stakeholders.
- 8 Ensure a framework exists to achieve robust governance and accountability.
- 9 Receive assurance that the Programme is delivering against its stated aim, strategic objectives, and milestones to achieve the redevelopments within the agreed timescale.
- 10 Take proper account of views of the Clinical Commissioning Groups, and Local Authorities.
- 11 Monitor the identification and achievement of benefits to be delivered by the Programme.
- 12 Provide leadership and guidance in respect of issues and risks where these are escalated by the SRO or Steering Group. These may include, but are not limited to: addressing risks that may threaten the Programme as a whole, or that cannot be mitigated at Steering Group level; authorisation of any necessary corrective actions required; authorisation of changes in accordance with the change control process to be agreed; and review and agreement, or challenge (as appropriate), of proposed major changes to plans.
- 13 Receive progress reports from the SRO and Steering Groups and challenge and approve proposals concerning the design of clinical services.
- 14 Remove obstacles preventing or hampering the success of the Programme.

Quality Assurance Committee (QAC)

Terms of Reference

1. Constitution

The Quality Assurance Committee is established as a Committee of the Board of Directors of Frimley Health NHS Foundation Trust (the Trust).

The Quality Assurance Committee will review these Terms of Reference on an annual basis as part of a self-assessment of its own effectiveness. Any recommended changes brought about as a result of the yearly review, including changes to the Terms of Reference, will require Board of Directors approval.

2. Authority

The Quality Assurance Committee is directly accountable to the Board of Directors. All minutes of committee meetings will be reported directly to the Board of Directors and Audit Committee (Assurance).

The Quality Assurance Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Quality Assurance Committee.

The Quality Assurance Committee is further authorised by the Board to obtain external independent professional advice and to secure the attendance of specialists with relevant experience and expertise if it considers this necessary.

3. Aim

The aim of the Quality Assurance Committee is to provide assurance to the Board of Directors that there is an effective system of risk management and internal control across the clinical activities of the organisation that support the organisation's objectives and the Trust's ability to provide excellent quality care by excellent people.

4. Objectives

Specific responsibilities of the Quality Assurance Committee include:

- Providing assurance that the risks associated with the Trust's provision of excellent care are identified, managed and mitigated appropriately. In doing so, the Quality Assurance Committee may consider any quality issue it deems appropriate to ensure that this can be achieved.
- Providing assurance to the Board by:
 - Ensuring that the strategic priorities for quality assurance are focused on those which best support delivery of the Trust's quality priorities in relation to patient experience, safety of patients and service users and effective outcomes for patients and service users;
 - Reviewing the independent annual Clinical Audit Programme, ensuring it provides a suitable level of coverage for assurance purposes, and receiving reports as appropriate;

- Reviewing compliance with regulatory standards and statutory requirements, for example those of the Duty of Candour, the CQC, NHSLA and the NHS Performance Framework.
 - Reviewing non-financial risks on the Risk Assurance Framework which have been assigned to the Quality Assurance Committee and satisfying itself as to the adequacy of assurances on the operation of the key controls and the adequacy of action plans to address weaknesses in controls and assurances;
 - Reviewing the Annual Quality Report ahead of its submission to the Board for approval.
- Overseeing ‘Deep Dive Reviews’ of identified risks to quality identified by the Board or the Committee, particularly “Serious Incidents Requiring Investigation” and how well any recommended actions have been implemented.
 - The Committee may also initiate such reviews based on its own tracking and analysis of quality trends flagged up through the regular performance reporting to the Board.

5. Method of Working

A standard agenda as follows will be used by the Quality Assurance Committee:-

1. Apologies for Absence
2. Declarations of Interest
3. Minutes of the Previous Meeting
4. Action Log
5. Progress on Quality Improvement Priorities
6. Clinical Governance Committee Reports
7. Any Other Business
8. Date of Next Meeting

All Minutes of the Quality Assurance Committee will be presented in a standard format, as set out in Appendix A.

All meetings will receive an action log (detailing progress against actions agreed at the previous meeting) for the purposes of review and follow-up. The action log template is attached at Appendix B.

6. Membership

The Members of the Quality Assurance Committee shall comprise three Non-Executive Directors, one of whom will be Committee Chair, the Director of Nursing and the Medical Director. In the absence of the Committee Chair and with the agreement of the other attending members’ one of the other Non-Executive Directors will chair the meeting.

The Chief Executive and Executive Directors along with any other appropriate attendee will be invited to attend by the Committee Chair when the Committee is discussing areas of risk or operation that fall under their direct responsibility.

The Company Secretary or deputy will attend all meetings to ensure coordination.

7. Quorum

The quorum shall be four members, of which at least two must be Non-Executive Directors.

8. Frequency of Meetings

The Quality Assurance Committee will meet at least on a bi-monthly basis to ensure it is able to discharge all its responsibilities.

9. Secretariat

The agenda will be prepared by the Committee Chair with input from the Committee members and other regular attendees, who may propose items for inclusion in the agenda. Items for inclusion in the agenda will be submitted a minimum of two weeks prior to the meeting. The agenda with associated meeting papers will be distributed to members of the Committee one week prior to the meeting. Draft minutes of the meetings will be distributed to all members within one month of the meeting. The date for the next meeting will be arranged and distributed to all members within one month of the meeting. The date for the next meeting will be arranged and distributed to all members with the draft minutes.

10. Reporting Lines

The minutes of each Committee meeting will be reported to the private Board of Directors. Furthermore, the minutes will be shared with the Audit Committee (Assurance) and vice versa. A summary of the minutes of each meeting will be included in the next public board agenda.

Where a significant risk emerges either through a report or through discussion at a Committee meeting, this will be reported to the Board by the Committee Chair. The outcomes of any 'Deep Dive Reviews' will be reported to the Board and any follow up action kept under review by the Committee.

The Quality Assurance Committee has no formal sub-committees but will receive a variety of reports from other committees, as needed, to allow it to carry out its stated duties.

The minutes of the Clinical Governance Committee (CGC) will be reported to the Committee. The Committee Chair will advise the Board of issues requiring action that have been raised at the CGC.

In accordance with their terms of reference, the Quality Assurance Committee and the Audit Committee (Assurance) will work together, share information with each other, and may refer issues to each other for investigation.

Reviewed by: Board of Directors
 Date: 2nd September 2016
 Approved by: Board of Directors
 Date: 2nd September 2016
 Review date: **September 2017**

Charitable Funds Committee

Terms of Reference

The terms of reference relate to the operation of the Frimley Health NHS Foundation Trust Charitable Funds (Charity Registration Number: 1049600).

1. Constitution

The Charitable Funds Committee is formally established as a committee of the Corporate Trustee of the Charity (the Board of Directors of Frimley Health NHS Foundation Trust), hereafter 'the Trustee'.

The Charitable Funds Committee will review these Terms of Reference on an annual basis as part of a self-assessment of its own effectiveness. Any recommended changes brought about as a result of the yearly review, including changes to the Terms of Reference, will require Board of Directors' approval.

2. Authority

The Charitable Funds Committee is directly accountable to the Board of Directors. All minutes of committee meetings will be reported directly to the Board of Directors.

The Charitable Funds Committee is authorised by the Trustee to monitor all aspects of charitable activity within Frimley Health NHS Foundation Trust (the Trust), as set out within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee. The Committee is authorised by the Trustee, as and when required, to obtain external independent professional advice through normal business processes (subject to the cost of all advice sought in any financial year not exceeding £5,000 without prior approval from the Trustee) and to secure the attendance of outside parties with relevant experience and expertise if this is considered to be appropriate (within the above financial limit).

The Charitable Funds Committee has delegated responsibility for the day to day management of charitable funds at Frimley Health NHS Foundation Trust on behalf of the Trustee. However, overall liability for the governance of charitable funds is retained by the Trustee and no liability will be attributed to members of the Charitable Funds Committee. The Trust purchased Trustee Indemnity Insurance on behalf of the Trustee. Under the terms of the Trustee Indemnity Insurance an "*Insured Person means a natural officer who has been, now is or shall become a duly appointed trustee, director, governor, officer, governing committee or governing body member or employee of, or volunteer working for an Insured Organisation*".

3. Aim

The aim of the Charitable Funds Committee is to undertake the routine management of the Charity, in accordance with the Scheme of Delegation, and to give additional assurance to the Trustee that the Trust's charitable activities are within the law and regulations set by the Charity Commissioners for England and Wales. It does not remove from the Trustee the overall responsibility for stewardship of the Charitable Funds Committee but provides a forum for a more detailed consideration of all charitable activity within the Trust.

4. Objectives

Specific duties of the Charitable Funds Committee include:

- The day to day management of charitable funds at Frimley Health NHS Foundation Trust on behalf of the Trustee;
- Ensure that the Charity complies with current legislation;

- Review new legislation and its impact on the Charity (i.e. SORP 2005 and the Charities Act 2006), making recommendations to the Trustee if changes in practice or policy are required;
- Seek assurance that investments are in compliance with the Charity’s investment policy and make recommendations to the Trustee if changes are proposed;
- Determine the management arrangements for the Charity’s investments and review performance regularly against agreed benchmarks;
- Review the policy for expenditure of the funds including the use of investment gains, and make recommendations to the Trustee if changes are proposed;
- Review individual fund balances within the overall Charitable Funds on a regular basis, seek expenditure plans from individual fund holders, and oversee expenditure against the Charitable Funds in accordance with the Scheme of Delegation;
- Agree guidance and procedures for fund holders and ensure they are promulgated to those who need to be aware of them;
- Receive and review the Annual Accounts and Annual Reports for the Charity and submit them to the Trustee for approval;
- Review and act on any audit recommendations;
- Encourage a culture of fundraising within the Trust, raise the profile of the Charity, and monitor the progress of major appeals;
- Approve policy and standards around promotion of the Charity on behalf of the Trustee to ensure that material used does not endanger the Charity’s reputation;

5. Method of working

A standard agenda as follows will be used by the Charitable Funds Committee:

1. Apologies for absence
2. Declarations of Interest
3. Minutes of the previous meeting
4. Action Log
5. XXXX
6. XXXX
7. XXXX
8. Any Other Business
9. Date of next meeting

All minutes of the Charitable Funds Committee will be presented in a standard format, as set out in Appendix A.

All meetings will receive an action log (detailing progress against actions agreed at the previous meeting) for the purposes of review and follow-up. The action log template is attached at Appendix B.

6. Membership

6.1 Committee Membership

The Charitable Funds Committee membership will comprise of the following members of the Charitable Trustee:

- Two Non-Executive Directors
- Director of Finance (or alternate)
- Director of HR & Corporate Services (or alternate)

The Director of Finance and the Director of HR and Corporate Services can nominate an alternative to attend the meeting in their place, usually either the Deputy Director of Finance or the Assistant HR Director. If either of these alternates is not available the Chairman will have discretion to accept a further nomination.

6.2 Committee Chair

The Chairman of the Charitable Funds Committee will be appointed by the Chairman of the Trustees. In the absence of the Chairman, Committee meetings will be chaired by the other Non-Executive Director.

6.3 Attendees

Additional individuals will be co-opted, as appropriate, including the following members:

- Two clinical staff members (nominated by the Medical Director and the Director of Nursing)
- Fundraising Manager
Associate Director Technical Accounting

7. Quorum

A minimum of three Directors, with at least one Executive and one Non-Executive Director, will constitute a quorum.

8. Frequency of Meetings

The Charitable Funds Committee will meet at least quarterly.

9. Secretariat

Minutes and agenda to be circulated by the Company Secretariat.

10. Reporting lines

The minutes of each Charitable Funds Committee, as agreed with the Chair, will be presented to the following Trustee meeting. Any amendments to those minutes will be agreed at the subsequent Trustee meeting. The minutes of each Committee meeting will be reported to the Board of Directors.

Where a significant risk emerges either through a report from through discussion at a Committee meeting, this will be reported to the Board.

11. Openness

Agenda and Minutes of the meeting will be confidential.

Reviewed by:

Date:

Approved by:

Date:

Review date:



MINUTES OF THE CHARITABLE FUNDS COMMITTEE
DD/MM/YYYY at HH:MM in the VENUE

Present: Core Members
 Other Invitees
 In Attendance: (Minutes)

1.	Apologies for Absence Apologies were received from (list)	
2.	Declarations of Interest	
3.	Minutes The Minutes of the Meeting held on XXX were approved as a correct record with the following amendments-	
4.	Action Log	Initials of action owner
5.	XXXX	
6.	XXXX	
7.	XXXX	
8.	Any Other Business	
9.	Date of Next Meeting	

Appendix B



Charitable Funds Committee

Agreed Action	Lead	End Date
ACTIONS COMPLETE		
ACTIONS IN PROGRESS		
ACTIONS OVERDUE		



Nominations Committee Terms of Reference

1. Constitution

- 1.1 The Nominations Committee (the 'Committee') is a formally established committee of the Board of Directors (the 'Board') of Frimley Park Hospital NHS Foundation Trust (the 'Trust').

2. Purpose and Duties

The primary purpose of the Nominations Committee is;

- 2.1 To liaise with the Board's Performance and Remuneration Committee to identify any missing skills on the Board, to be incorporated into the job descriptions and person specifications for director posts, and in the case of executive appointments, the proposed remuneration package for the post.
- 2.2 To agree and recommend to the Board job descriptions and person specifications for all director vacancies, and in the case of executive appointments, to agree with the Non-Executive Directors the proposed terms of service for the post.
- 2.3 To agree and recommend to the Non-Executive Directors (NEDs) on the Board the recruitment and selection arrangements for the Chief Executive and Executive Director posts, including the setting up of an Appointments Panel.
- 2.4 To liaise with the Non-Executive Remuneration Committee (NERC) of the Council of Governors concerning Chairman and NED appointments and terms of office.
- 2.5 To decide if external consultants should be appointed to assist in the recruitment process, to interview suitable agencies and to select accordingly.
- 2.6 To agree who should sit on the Appointments Panel, including Governors in the case of the recruitment of the Chairman and NEDs.

3. Authority

- 3.1 The Committee has delegated powers to progress the identification of candidates for appointment as Directors, working through the Appointments Panel and with the support of external consultants, if appointed. The Committee has no authority to offer the position to any candidate.
- 3.2. In the case of an Executive Director, the appointment is formally made by the Chairman, the other Non-Executive Directors, and – except in the case of the appointment of the Chief Executive – by the Chief Executive Officer, on the recommendation of the Nominations Committee.
- 3.3 In the case of the Chairman and the other NEDs, the appointment is formally made by the Council of Governors, on the recommendation of the NERC.

4. Reporting

The minutes of Nominations Committee meetings shall be formally recorded by the Company Secretary and submitted to the private Board, with a copy being submitted to the NERC. A summary of the minutes of each meeting will be included in the next public board agenda.

5. Membership

5.1 The Committee comprises the Chairman, the Senior Independent Director, at least one other Non-Executive Director and the Chief Executive Officer.

The Committee receives advice from the Director of Human Resources and Facilities.

When the Trust is recruiting a NED, the Lead Governor of the Council of Governors and at least two other Governors, who would usually be members of the NERC, will be invited to join the Committee; the Governors invited to join the Committee will be selected by the NERC.

5.2 The Chairman of the Trust will chair the Committee, unless the Trust is seeking to appoint a new Chair, in which case the Committee will be chaired by the Senior Independent Director ('SID'). In the absence of the Chairman or the SID, the remaining members present shall elect one of the NEDs to chair the meeting.

5.3 Each member of the Committee discloses to the Committee:

- (a) Any conflict of interest
- (b) Any personal financial interest in any matter to be decided by the Committee

Any such member shall refrain from discussions concerning such matters and, if requested by the Committee Chair, will leave the meeting for the duration of the discussion.

5.4 The Chairman of the Trust will not attend discussions when the recruitment of a new chairman is being considered; the Chief Executive Officer will not attend discussions when the recruitment of a new CEO is being considered.

5.5 Only members of the Committee have the right to attend Committee meetings. However, other individuals, including external advisors, may be invited to attend all or part of any meeting, as and when appropriate.

5.6 The membership will be reviewed annually by the Committee and the Board to ensure it is still appropriate. Attendance records will be kept and published in the Trust's Annual Report. The Chairman, or in his absence the Senior Independent Director, is required to attend each meeting; the Chief Executive Officer should also attend each meeting other than meetings to recruit a new chief executive officer. Other attendees are required to attend all meetings relating to the recruitment in hand, to ensure continuity.

5.7 The Committee shall agree which members of the Committee, including the Governors when recruiting a NED, shall sit on the Appointments Panel.

6. Quorum

- 6.1 The quorum necessary for the recruitment of an executive director other than the CEO shall be the Chairman and two other non executive directors, plus the Chief Executive Officer; in the absence of the Chairman, the quorum shall be three NEDs, including the SID, present in person or by telephone.
- 6.2 The quorum necessary for the recruitment of the CEO shall be the Chairman and two other non executive directors; in the absence of the Chairman, the quorum shall be three NEDs, including the SID, present in person or by telephone.
- 6.3 The quorum necessary for the recruitment of a non-executive director, other than the Chairman, shall be the Chairman and two other non executive directors, the Chief Executive Officer, and three publicly elected Governors.
- 6.4 The quorum necessary for the recruitment of the Chairman, shall be three non executive directors, one of whom should be the Senior Independent Director, the Chief Executive Officer and three publicly elected Governors. In the absence of the Senior Independent Director, a third non executive director should attend the meeting.
- 6.5 A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by, the Committee.

7. Frequency and Notice of Meetings

- 7.1 The Committee will meet at least annually to consider the planned retirement schedule of the Directors and to consider any skill gaps on the Board identified by the PRC and if/how these skills can be incorporated into any forthcoming job specifications. Further meetings will be arranged as necessary.
- 7.2 Members of the Committee will be notified of each meeting confirming the venue, the time, date and duration no later than one month before the meeting.
- 7.3 An agenda and all supporting papers will be sent (electronically or in hard copy) to each Committee member, and any other person required to attend, usually no later than five working days before the date of the meeting. Where an external adviser has been retained, the adviser may circulate the papers to the members of the Committee.
- 7.4 Extraordinary meetings of the Committee may be called at short notice with the agreement of the Committee Chair.

8. Conduct of Business

The Committee will conduct its business as it thinks fit. Decisions of the Committee will be a majority decision. In the case of equality of votes, the Chair of the Committee will have a second or casting vote or can decide to refer the matter to the Board for its consideration. In the case of the recruitment of the Chair of the Trust or of a Non Executive Director, the Chair of the Committee must have regard to the views of the Governors working with the Committee.

9. Other

9.1 The Committee will, at least once a year, consider its own performance, its membership and its terms of reference to ensure it is operating to maximum effectiveness and recommend any changes to the Board for approval.

9.2 The Committee may make recommendations to the Board it deems appropriate on any matter arising under its terms of reference.

Date approved by the Board of Directors: XXXXXXXX

To be reviewed: Annually

Performance and Remuneration Committee Terms of Reference

1. Constitution

The Performance and Remuneration Committee is formally established as a sub-committee of the Board of Directors of Frimley Health NHS Foundation Trust (the Trust).

The Performance and Remuneration Committee will review these Terms of Reference on an annual basis as part of a self-assessment of its own effectiveness. Any recommended changes brought about as a result of the yearly review, including changes to the Terms of Reference, will require the approval of the Board of Directors.

2. Authority

The Performance and Remuneration Committee is directly accountable to the Board of Directors. A summary of the key outcomes of Committee meetings will be reported to the Board of Directors.

The Performance and Remuneration Committee is authorised by the Board of Directors to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee. The Performance and Remuneration Committee is authorised to obtain external legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, subject to agreeing the cost with the Chief Executive, Chairman or Company Secretary in advance.

3. Aim

The aim of the Performance and Remuneration Committee is to:

- Act on behalf of the Board in making decisions upon the performance and remuneration and terms of service for the Chief Executive and other Executive Directors. These decisions will cover all aspects of salary, including the approval of arrangements for termination of employment and other major contractual terms.
- Recommend and monitor the level and structure of remuneration for senior management.
- Operate in accordance with principles outlined in the Monitor Code of Governance.

4. Objectives

Specific duties of the Performance and Remuneration Committee include:

4.1 Performance Appraisal

- Agree performance standards and behaviours for the Executive Directors;

- Confirm the individual objectives agreed with the Chief Executive and the other Executive Directors;
- Receive reports on the performance of the Chief Executive and the other Executive Directors against their agreed objectives and agree the performance assessment frameworks for individual directors and the Board of Directors as a whole;
- Approve performance assessments for use in the appraisal of all Board members, including the questions to be put to the Governors and Directors on the performance of the Chairman.
- Receive confirmation from the Chairman in respect of the Chief Executive and from the Chief Executive in respect of the other Executive Directors on completion of their annual appraisals and of any issues which have been identified;
- Review the agreed Directors' objectives intra-year to ensure their continuing relevance, and also the overall format of the update reports to the Board to ensure they clearly indicate if the objective is being achieved or not.

4.2 Remuneration

- In accordance with Clause D.2.2 of the Monitor NHS Foundation Trust Code of Governance, the Performance and Remuneration Committee has delegated responsibility from the Board of Directors for setting remuneration for all Executive Directors including pension rights. The Performance and Remuneration Committee should also recommend and monitor the level and structure of remuneration for senior management. The definition of senior management should normally include the first layer of management below Board level (Tier 2 Staff).
- Seek external advice from time to time (at least every other year) on the remuneration packages of the Chief Executive and other Executive Directors.
- Review the overall pay and performance framework for the Trust with particular regard to the Executive Directors' proposals for the remuneration of the Trust's Tier 2 staff (those reporting directly to Executive Directors).
- Act as a sounding board for remuneration proposals for Trust employees from the Executive Directors prior to submission to the Board for approval.
- Consider any proposed significant changes in the terms of employment of Trust employees, as requested by the Board of Directors.
- Should the situation arise, consider and make recommendations to the Trust Board on what termination payments might reasonably be paid to an Executive Director whose contract of employment is terminated.

4.3 Organisation Development

- To oversee progress with organisational development and cultural change in the Trust.
- To support the Chairman with Board development.

4.4 Succession Planning

- Monitor the succession planning arrangements for the Board of Directors and senior managers.

5. Method of Working

The agenda to be used by the Performance and Remuneration Committee will, as a minimum, include the following agenda items:

1. Apologies for absence
2. Declarations of interest
3. Minutes of the previous meeting / matters arising
4. Action log
5. Any other business
6. Date of next meeting

All other items will be dependent upon the key decisions and proposals to be discussed at each respective meeting.

All minutes of the Committee will be presented in a standard format, as set out in Appendix A.

All meetings will receive an action log (detailing progress against actions agreed at the previous meeting) for the purposes of review and follow-up. The action log template is attached at Appendix B.

6. Membership

6.1 Committee Membership

The members of the Performance and Remuneration Committee shall comprise at least three Non-Executive Directors, whose nomination is confirmed by the Board of Directors, plus the Chairman of the Trust.

6.2 Committee Chair

The Board of Directors will appoint one of the members to Chair the Performance and Remuneration Committee. In the absence of the Committee Chair and/or appointed deputy, the remaining members present shall elect one of the other Non-Executive Directors to Chair the meeting.

6.3 Attendees

Only members of the Committee have the right to attend Committee meetings. However, other individuals and external advisors may be invited to attend all or part of any meeting, as and when appropriate.

The Chief Executive will normally attend the meetings, withdrawing as appropriate when matters relating to their own performance and remuneration are being discussed. The Director of HR and Corporate Services will support the Committee with appropriate papers and proposals for consideration, and will be invited to attend appropriate parts of the meetings.

6.4 Disclosure and Discussions

Each Committee member shall disclose to the Committee:

- Any conflict of interest;
- Any personal financial interest in any matter to be decided to the Committee.

Any such member shall refrain from discussions concerning such matters and, if requested by the Committee Chair, will leave the meeting for the duration of the discussion.

6.5 Review of Membership

The membership will be reviewed annually by the Performance and Remuneration Committee and Board of Directors to ensure it is still appropriate. Attendance records will be kept and published in the Trust's Annual Report.

7. Quorum

The quorum shall be a minimum of three members of the Committee, present in person or by telephone. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

8. Frequency of Meetings

The Performance and Remuneration Committee will hold a minimum of three meetings a year. Meetings will be arranged as appropriate, but generally every three to four months. Members of the Committee will, as a minimum, be notified of each meeting confirming the venue, the time, date and duration no later than one week prior to the meeting. Extraordinary meetings of the Performance and Remuneration Committee may be called at short notice with the agreement of the Committee Chair.

Committee members are expected to attend the majority of all meetings held each financial year.

The Committee will conduct its business as it thinks fit. Decisions of the Committee will be a majority decision. In the case of equality of votes, the Chair of the Committee will have a second or casting vote or can decide to refer the matter to the other Non-Executive Directors on the Board for its consideration.

9. Secretariat

An agenda and all supporting papers will be sent (electronically or as a hardcopy) to each Performance and Remuneration Committee member, and any other person required to attend, usually no later than five working days before the date of the meeting. Where an external adviser has been retained, the adviser may circulate the papers to the members of the Audit Committee.

The minutes, papers and agenda for each meeting will be circulated to members by the Company Secretariat.

10. Reporting lines

A summary of the key outcomes of each Performance and Remuneration Committee meeting will be reported to the private Board of Directors. A summary of the minutes of each meeting will be included in the next public board agenda.

The Performance and Remuneration Committee's proposals in respect of performance frameworks and development plans will be submitted as recommendations to the Board of Directors. Proposed changes to Board objectives will be submitted by the Chief Executive at the next Board of Directors meeting. Recommendations in respect of the remuneration of the Chief Executive and Executive Directors will be submitted to the Non-Executive Directors on the Board for approval.

Where a significant risk emerges either through a report or through discussion at a Committee meeting, this will be reported to the Board.

Reviewed by:

Date:

Approved by:

Date:

Review date:



MINUTES OF THE PERFORMANCE AND REMUNERATION COMMITTEE

DD/MM/YYYY at HH:MM in the VENUE

Present: Core Members
 Other Invitees
 In Attendance: (Minutes)

1.	Apologies for Absence Apologies were received from (list)	
2.	Declarations of Interest	
3.	Minutes of the Previous Meeting / Matters Arising The minutes of the meeting held on XXXX were approved as a correct record with the following amendments:	
4.	Action Log	Initials of action owner
5.	Any Other Business	
6.	Date of Next Meeting	

Appendix B



PERFORMANCE AND REMUNERATION ACTION LOG – XXX 2016

Agreed Action	Lead	End Date
ACTIONS COMPLETE		
ACTIONS IN PROGRESS		
ACTIONS OVERDUE		

Report Title	Annual Review of Board Performance and Effectiveness
Meeting	Public Board
Meeting Date	3 March 2017
Agenda No.	12.
Report Type	For Discussion and Review
Prepared By	Susanne Nelson-Wehrmeyer, Company Secretary
Executive Lead	Pradip Patel, Chairman
Executive Summary	<p>The Board completes an annual review of its performance and effectiveness by questionnaire.</p> <p>The results are reviewed and discussed with the Board and formally reported to the Council of Governors for consideration.</p>
Background	This questionnaire forms part of the annual cycle of reviews of performance and effectiveness by both the Board and the Council of Governors.
Issues / Actions	The Board is asked to consider the responses to the questionnaire and identify any issues or actions it wishes to raise with the Council of Governors.
Recommendation	To confirm the collated responses for submission to the Council of Governors.
Appendices	Appendix A. Collated questionnaire responses

APPENDIX A

BOARD EFFECTIVENESS TOOL - RESULTS

Total number of returned forms: /15

1= Hardly Ever / Poor; 2= Occasionally / Below Average; 3= Some of the time / Average; 4= Most of the time / Above Average; 5= All of the time / Fully Satisfactory; N/A = Not answered

STATEMENT	N/A	1	2	3	4	5
Understanding of the Core Business					10	3
All Board Members have a good understanding of the different risks inherent in the hospital's business activities						
Focus on appropriate areas				1	11	1
The Board focuses on the right questions and can challenge effectively						
Quality of interaction with Council of Governors			1	9	3	
The Board actively engages with Governors regarding the development of the strategy, corporate objectives, performance reports and other relevant matters						
Quality of Board interaction with Hospital Executive Board				5	5	3
The Board demonstrates an effective working relationship with the HEB in the development of strategy						
Understanding the Key Financial Issues					8	5
The Board has a good understanding of the key financial issues						
Understanding Key Patient Safety & Quality Issues					9	4
The Board assures itself that patient safety and quality issues are being addressed						
Rigour of Debate				3	9	1
Board meeting encourage a high quality of debate with robust and probing discussions						
Reaction to bad news					3	10
The Board responds positively and constructively to bad news in order to encourage future transparency						
Quality of Chairmanship				1	7	3
The chairman operates satisfactory in terms of promoting effective and efficient meetings, with an appropriate level of involvement outside of the formal meetings						
Frank, open working relationship between Directors				1	7	5
Executive and Non-Executive Board Members have a frank and open relationship with each other and each Director understands their own personal Board level responsibilities						
Open channels of communication				1	10	2
The Board has clearly defined open channels of communication with Governors, Staff, other Members and external Stakeholders in order to improve patient care						
People Issues				3	10	
The Board has a good understanding of key people issues, particularly regarding Transformation						

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Comments

We can involve the HEB and Governors more in developing our strategy.

FAC can take a more strategic approach to how we spend / invest the money we have and also how we can achieve the right cost base for us.

As we move to an STP world, we will need to develop and deliver a future back manpower model that enables STP to become a reality.

The Board must provide the Governors with a better understanding of their role and stick to this during every interaction. The Board must not feel divided by their CoG.

The FAC should provide a deeper level of understanding of the financials as currently there is not sufficient time to properly review the financials at a Board meeting. Similarly we may need to spend more time reviewing quality metrics some of which are slipping and there has not been sufficient challenge at the Board.

There is going to be a significant amount of change of leadership and therefore disruption in the Trust over the next 24-36 months. I just wonder if we have not spent sufficient time planning for these changes, maybe we are also too reactionary, and the learning is we spend more time as a Board focusing on succession.

I have commented as I have re working with Governors as I do not believe we currently have the right relationship with some Governors.

Need to focus on maintaining the principles of a unitary board.

Need to be clearer on the role of the CoG and the interface with the Board.

The Board's strategy decisions have been better this year, open on the challenges as the STP develops and the pressures and risks on day to day delivery and finance are in sharp focus.

I think the Board knows what the important areas to focus on are, it is constrained in terms of debate on occasions, both at Board Meetings and meeting with the Governors, due to time limitations. The effective use of all the sub-committees is helping this, along with the recent changes to Board agendas and more work following on from the Governor's Task & Finish Groups.

Evidence on improvements in relation to quality matters has improved through the Quality Assurance Committee and follow through on audit recommendations.

The Board deals with 'bad news' very openly and in a constructive learning and improving manner.

Transparency on the work of the sub-committees and assurance processes has improved. There is a lot of available information for Governors and the public to access both online and at meetings and BoDCoG agendas have included performance, STP developments, major building projects and other key initiatives.

The focus on transformation needs to ramp up in order to deliver a more efficient and effective operating model for the future.

At times it can still feel like the NEDs challenging rather than the EDs, rather than full unitary debate.

The governor relationships require attention as there are still a few that do not understand how to behave or their role. There are also too many of them some of whom are disruptive. This work is in train and will always be a work in progress.

PROCESSES						
STATEMENT	N/A	1	2	3	4	5
Directors with appropriate skills and experience					11	2
The Board comprises members with an appropriate mix of skills and experience, including recent and relevant financial experience						
Role of the Board				1	4	4
Board Members are clear on the role of the Board as a whole						
Clear Governance Structure					5	8
The Board is clear as to its role in relation to Governance across the Board.						
Structured and appropriate annual agenda				1	8	4
There is a structured annual agenda of matters to be covered with focus on the right areas						
Sufficient number of meetings and access to resources				2	7	4
The number and length of meetings and access to resources is sufficient far in advance of meetings						
Concise, relevant and timely information				8	5	
Board papers are concise, relevant and timely and are received sufficiently far in advance of meetings						
Right people invited to attend and present at the meetings				2	5	6
Clinicians, Managers and others are asked to present on topics, as appropriate						
Sub-committee Meetings held sufficiently far in advance of Board Meetings				2	7	4
Sub-committee meetings are held sufficiently far in advance of Board Meetings to permit resolution of issues raised						
Attendance and contribution at the meetings				1	6	6
All Board Members attend and actively contribute at meetings						
Sufficient time and commitment to undertake responsibilities				3	8	2
All Board Members have sufficient time and commitment to fulfil their responsibilities						
On-going personal development to remain up to date				3	10	
Board Members undertake on-going personal development activities to update their skills						

COMMENTS

We can make our board papers more concise with greater emphasis on insights and foresights.

We should invite the relevant tier two people to come along to board meetings when there are papers directly relating to their accountability.

I believe that Board papers are not sufficiently concise; hence my score under this heading.

Noted: We are reviewing how the sub-committees work in relation to the full Board. At the moment they are not in synchrony but the expectation will be that this will change.

Bedding in of new committees needs a bit more time.

Board has strong governance culture.

The new NEDs who are about to join us should bring welcome large scale transformation experience in addition to general corporate management.

Although we have a good deal of working financial knowledge across the NEDs, we will not have an accountant as such. The recent developments on Board agendas will help focus the Board's time better, given the constraints on meeting times. The new (and existing) sub-committees will also support this better.

The Board Secretariat have been relentless in trying to issue papers out to Board members a week before each meeting – it is much appreciated.

Good use of Ward to Board presentations with involvement of staff at various levels. Also, good engagement with CDIC sub-committee by some Chiefs of Staff as part of the assurance process on major developments (scrutinised by CDIC before being presented to the Board for approval.

I am not sure we all pay sufficient attention to our own personal development – trusting to our accumulated experience

We are still working on producing more effective board reports and have recently trained a number of report writers to improve Board reports. The size of the Board reports and agenda packs remain a concern as large reports do to facilitate focused discussion on areas of concern.

Meetings can still feel rushed as there is insufficient time to cover some topics, however this is also subject to review.

The more recent changes to sub-committees and the meetings timetable should assist with alignment of work programmes and a better balance between assurance and strategic and forward planning.

Report Title	Nurse and Midwifery Staffing: March 2017
Meeting	Public Board
Meeting Date	3 rd March 2017
Agenda No.	13.
Report Type	Assurance
Prepared By	Nicola Ranger: Director of Nursing and Quality , Head of Nursing, Sally Brittain: Deputy Director of Nursing H&WP, Alison Szewczyk: Deputy Director of Nursing FPH and Neil Webb: Staffing Matron
Executive Lead	Nicola Ranger, Director of Nursing and Quality
Executive Summary	<p>This paper provides the Trust Board with an overview of midwifery and nurse staffing levels as required every six months by NHS England <i>Hard Trusts</i> report across Frimley Health NHS Foundation Trust.</p> <p>There is significant national focus on nursing and midwifery staffing levels and this paper provides the Board with an overview of nursing and midwifery staffing levels in relation to:</p> <p>Current vacancies – identifying areas of concern:</p> <ul style="list-style-type: none"> • Recruitment including overseas nurses, non-registered workforce and student nurse training • Deep Dive into theatre staffing including recruitment action plan • Revalidation • Red Flag Staffing • Increased Capacity at FPH • Financial Challenges • Next Steps
Background	<p>Nationally it is acknowledged that nurse ward staffing levels have a profound impact on the quality and safety of patient care and therefore it is essential that the Trust develop a stable and talented workforce that is managed effectively and efficiently on all of its sites.</p> <p>The Trust Board is aware that every six months the NHS England <i>Hard Trusts</i> report</p>

	<p>requires it to be provided with an overview of midwifery and nurse staffing levels in order that it can review and discuss staffing levels and support action to improve recruitment and retention.</p> <p>On the 2nd February 2017 the Nursing & Midwifery Board welcomed Professor Peter Griffiths, Chair of Health Services Research within the Faculty of Health Sciences, University of Southampton and key staffing advisor to NHSi to discuss his research. This has focussed predominantly on ensuring Trusts have the right workforce and organisation to deliver high quality and safe care with humanity, now and in the future. Professor Griffiths advised that 1:8 is the bare minimum threshold for trained nurse to bed ratio. He went on to discuss the negative impact on patient outcomes, staff sickness and patient satisfaction of a higher ratio and the evidence that good staffing ratios on wards results in a positive ward and organisational culture. Within his research Professor Griffiths has identified that the optimum ratio of trained staff to beds is 1:6 however he is realistic with regard to the affordability of such ratios.</p> <p>The Trust Board is asked to note the current research findings and continue to support the previously approved ratio of a maximum of trained nursing staff to beds of 1:8 during the day and 1:10 at night</p>
Issues / Actions	Set out in the report below.
Recommendation	The Board is asked to note the current position and discuss the key areas of focus for the next six months.
Appendices	<p>Appendix 1 – Nursing and Midwifery Vacancy Dashboard</p> <p>Appendix 2 – Theatres and Recruitment Action Plan</p>

1. Safe Staffing

Staffing the Trust wards and areas safely is dependent on many factors not just related to the number of staff on duty at any one time and therefore below are some of the initiatives we are focusing on currently.

Nurse in Charge training and competency. The Nurse in Charge role is absolutely vital in the leadership of any shift to ensure safe staffing and by also acting as a focal point in the coordination of the Multidisciplinary Teams that care for patients at FHFT. To date approximately 300 Registered Nurses across the Trust three sites have attended the Nurse in Charge Training. All attendees then complete their competency successfully within 6 weeks of attendance, signed off by a Senior Sister/Matron.

Red Flag Safe Staffing: The NICE Red Flag Safe Staffing language was introduced in July 2016 and was rolled out in the Trust via written communications, at staff forums and via the NIC training.

The Nurse in Charge will raise a red flag if she has concerns i.e. the skill mix of staff, bed utilisation and overall clinical picture of patients' acuity/dependency needs which she is not able to resolve. If in doubt, a NIC can raise a red flag to a senior nurse for support/guidance as this act of raising the flag generates an immediate response.

There were 239 (FP 121, HWP: 117) red flags raised between July and December 2016 where a Nurse in Charge was concerned over safe staffing levels/skill mix. All 'red flag' incidents were responded to at the time of incident reporting and appropriate mitigating actions taken by a senior nurse external to the ward. In addition to the real-time safe staffing discussions undertaken at every bed meeting this process allows for recording of staffing issues and the resultant mitigating actions, and affords the Directorate an opportunity to identify any safe staffing themes and ensure lessons learnt from the red flag trends are managed.

Revalidation: There were no NMC lapses over the last six months related to NMC revalidation. Three registrants of the NMC register employed by the Trust (either in substantive or temporary contracts) made a conscious decision to let their registration lapse and therefore not complete their revalidation, as part of either a retirement plan, or due to long term ill health grounds.

UNIFY data: Nationally reported UNIFY Planned and Actual nursing/midwifery hours process has been reviewed and adapted to enhance the quality of data submitted externally. On-going work is underway to move the collection of data from a manual monthly process, to production of the data via the Trust's eRostering solution.

Rostering: Safe, fair, effective rostering practices has been a key nursing and midwifery focus over the past six months. Data cleansing the Trust's e-rostering application (Healthroster) and up skilling the Trusts nursing knowledge of the product has assisted in ensuring the safe, effective use of the nursing and midwifery workforce. Educational sessions for roster creators have ensured staff feel supported in how to write a safe, equitable, cost effective roster.

The Trust's Nursing and Midwifery Roster Policy was reviewed and updated to reflect the Trusts rostering practices in line with Lord Carter of Coles Model Hospital recommendations.

2. Vacancies

All figures below are quoted in WTE.

Currently FHFT has 275.62 nursing vacancies against the 95% target; 206.09 at H&WP and 69.53 at FPH.

Against 100% of the ward/area establishments the current vacancy rate equates to 412.35 of which 270.30 are at H&WP and 142.05 are at FPH. It should be noted that the Trust position remains to recruit to 95% of the establishment the bank will always be required to cover study leave, maternity leave, and sickness and in some cases annual leave as recruitment to 95% will not allow for a complete rota cover.

The vacancy data means that at FPH site three areas are red on the workforce dashboard Orthopaedics and Plastics, Theatres and Anaesthetics and Paediatrics. Conversely on the H&WP site only three areas achieve a green rating on the dashboard, those are Emergency Department, Obstetrics & Gynaecology and Paediatrics.

Recruitment activity in the next three months (starters and leavers) against the 95% target increases that vacancy on the FPH site to 72.9 and reduces the vacancy on the H&WP site to 162.6.

Turnover has increased on the H&WP site and decreased slightly on FPH, sickness absence has increased on all hospital sites.

Further information on vacancies is found at Appendix 1. With more detailed narrative for maternity services, paediatrics and theatres within the body of this paper.

Frimley Park Hospital

In December 2016 additional bed capacity was created on the Frimley Park site, G6. The new ward increases the inpatient general medical bed stock by twenty two and while it supports the site's patient flow during extreme pressures operationally it does equally create workforce pressure to ensuring safe nurse staffing levels. The ward has been staffed through planned redeployment of experienced nurses from other medical wards and use of temporary staff to backfill; the medical directorate have safely staffed the wards to support these operational challenges.

In addition in January 2017, Calthorpe Ward (Fleet) joined the organisation under the vanguard model with Fleet Services (Southern Health), this brought an additional 18 medical elderly care rehabilitation beds to the Trust.

This is against the backdrop of the complexity of staffing two wards in Farnham which currently have 11.92 RN vacancies and 11.75 HCA vacancies between them and staffing issues within Frimley Park Hospital where G5 is a ward of concern with 10 RN vacancies. The Matron of G5 and has developed a detailed improvement plan and leads on the implementation of the actions. This is monitored monthly.

F9 on the Frimley Park site currently has 7 RN vacancies and 1.96 HCA vacancies alongside a very challenging case mix and therefore is subject to enhanced scrutiny and support.

Heatherwood & Wexham Park Hospitals

Wexham Park continues to experience a high volume of vacancies within the AMU (34.36 RN/7.92 HCA) and on Ward 9 (14 RN/6 HCA).

Safe staffing is maintained within these areas by the matrons, senior nurses and practice development working clinically, internal rotation and close review at every bed meeting. The Head of Nursing has been working closely with the human resources recruitment team to ensure a clear focus on recruiting to those areas of the site as a priority with golden hellos, international and overseas recruitment allocation to those areas, and support with additional training and education with little success to date. However a deep dive with the ward team on ward 9 has identified some issues which have impacted on retention in that area and a change in establishment in order that more support can be offered by more senior nurses could also result in some changes which could positively impact AMU.

Both AMU and Ward 9 will continue to receive a high level of scrutiny and support.

Ward 18 within the Medical Directorate is also experiencing a significant level of vacancies (11 RN/3.5 HCA) however there are no clinical or operational concerns as a result and the ward is supported by temporary staffing.

Midwifery

Midwifery ratios have been determined on the basis of the midwifery staff required to deliver a safe and high quality maternity service, as set out most recently in *Maternity Matters* (DH, & Safer Childbirth). All existing policy and guidance has also been incorporated. The Midwifery ratio is established on 3 points:-

- Number of births in totality
- 1:1 ratio for Intrapartum care
- Community midwifery 1:100

Senior Midwives review staffing daily with both maternity units established for a ratio of 1:30 and a 90/10 skill mix of registered midwives to midwifery support workers. The Acuity tool and activity information used within maternity is then utilised to ensure that midwives move around the unit according to capacity and clinical need.

1:1 care in labour activity is recorded 4 hourly on both labour wards and birth centres using the birth rate plus acuity tool. As acuity increases within either unit the senior midwives on the labour ward make a decision using his/her professional judgement in relation to whether additional staffing is required.

In quarter 3 (October – December 2016) the overall ratio for 1:1 care in the labour ward is detailed below.

	Frimley Park Labour Ward	Mulberry Birth centre- FPH	Wexham Park Labour ward	Wexham Park Birth Centre
1:1 care - labouring women	96%	97%	96%	Birth centre closed due to refurbishment
1:1 care against acuity and all labour ward activity	70.6%	85.3%	60%	Birth centre closed due to refurbishment

As shown in the table above Wexham Park Hospital maternity unit is demonstrating a higher complexity of cases on the labour ward than at Frimley Park; this is partially accounted for by the higher number of diabetic/gestational diabetic women within the local population. However the overall number of women who receive 1:1 care in labour is similar across both units.

Within the community setting Frimley Park Hospital is currently operating at a caseload of 1 midwife to 100 women, whilst Wexham Park is operating at 1 midwife to 130-170 women. This is resultant to the number of vacancies at Wexham Park compounded by the difficulty recruiting experienced community midwives.

There are currently 14.29 wte vacancies on the Wexham Park site (9.89 % vacancy rate) recruitment is in progress; 4.8 WTE jobs have been offered with start dates between February and April 17, however the majority will be newly qualified midwives or midwives from overseas who will require a strong preceptorship programme. As the vacancies reduce it is anticipated that staff will transfer from hospital bases to community, in addition the team is also looking at differing models of care to see if community working can become more attractive to staff. The birth centre at Wexham has been closed since October

2016 as part of the planned major refurbishment of the maternity service, the midwifery staff have been utilised differently throughout the maternity service during the closure.

In the last quarter Wexham Park have reduced agency midwife usage; with the appointment of the new midwives it is anticipated that agency staff should not be needed. A new process with the Associate Director or Head of Midwifery authorising Tier one agency requests has been implemented from January 2017.

The Frimley Park site currently has 14.11 wte midwifery vacancies (7.33% vacancy rate) maternity leave has impacted significantly on the service and the inability to backfill these posts on fixed term contracts. Currently vacancies are being covered by midwifery bank however this leads a number of the shifts unfilled. No agency midwives are being used on the Frimley Park site.

The newly appointed Head of Midwifery has raised concerns over the vacancy rates. Despite patient safety not being compromised within either of the maternity units it remains a significant risk for the department and Trust. Midwifery staffing is on the departmental risk register and was escalated to the Trust Quality Committee in February 2017.

A meeting has been arranged with the Human Resources lead to look at future plans and a strategy for recruitment specific to maternity services on both sites. Maternity is involved in the trust wide recruitment days.

Paediatric staffing

Frimley Park Site

On the Frimley Park Hospital site there are currently no vacancies at bands 2 or 4. Trained staff vacancy rate equates to 1.74 wte Band 6, and 5.5 wte Band 5. Vacant posts are currently out to advert.

All newly qualified staff now have their NMC PINS and are enjoying the preceptorship programme. Overseas nurses allocated to paediatrics from the Philippines are currently only at Stage 1 and 2 respectively however overseas recruitment plans are on-going and a return to the Philippines in March 2017 is planned. Band 4 staff continue to support the service and have completed all their competencies; this has helped improve clinical skills and competencies and provided more role clarity. Plans to put two of these staff forward for the higher apprenticeship are in place.

Agency usage on the Children's ward has decreased, however there is still a requirement for usage until the vacancies are filled, bank staff are utilised but not in sufficient numbers to counteract agency usage. Interviews undertaken for Neonatal Unit staffing has included discussion about the potential to cross cover F1 as both areas are keen to work together.

The Neonatal Unit currently has a vacancy rate which equates to 1.8 wte and includes a Neonatal Nurse Practitioner post and a Band 5 hybrid outreach /clinical post. Interviews to take place 28th February. Paediatric Outpatients are currently advertising a newly approved Band 7 for a Cystic Fibrosis Nurse Specialist.

Wexham Park

Paediatric staffing remains a concern on the Wexham Park site due to sustained vacancy levels and limited recruitment of staff through local, European or the Philippines campaigns. Current vacancy level is 9.64 wte Band 5.

There has been some success recruiting (3 wte) newly qualified staff from our local HEIs in addition to 1.00 wte more experienced nurse from another Trust who joined us after hearing about the amount of support and development offered through the paediatric preceptorship programme.

Specific day surgery posts in paediatrics have been filled successfully and the directorate will be supporting a return to nursing student in the near future.

From Europe the Trust offered 9.00 wte posts initially however only 4.00 wte are currently working as Band 5 staff nurses, one of whom took 10 months to successfully obtain their NMC PIN during which time she required supervision and was unable to take a patient workload. Following the Trust's recruitment campaign in the Philippines in August 2016 five nurses were identified as potential paediatric staff, to date none have confirmed start dates.

The unit has continued with a reliance on agency staff, however it has been able to book lines of work for some very experienced paediatric nurses who have extended competencies so are valued members of the team - collecting children from Theatre, single- checking and administering some oral medicines and administering intravenous medicines.

Since the internal bank have implemented the enhanced rates for substantive staff we have seen more staff undertaking bank work and we continue to work with HR to encourage agency staff to move to the internal bank.

Band 4 Nursery Nurse competencies are under review to up skill and provide additional support the RSCN/RN across site, we have some Band 2 support staff undertaking their clinical support level 3 apprenticeship and we will be part of the higher nursing apprenticeship which will be run with UWL.

We have a 3 wte substantive support staff/nursery nurses who are undertaking their Children's Nurse training locally, one will qualify in Aug 2017 and the other two in Aug 2018 and March 2019.

Theatre Staffing

Theatres across all sites are experiencing challenges in recruiting to anaesthetics – ODPs/ Nurses as indicated below. Data is with pending new starters and therefore it must be noted that the service is currently carrying more vacancies than indicated below while recruitment takes place.

Attached as Appendix 2 is the comprehensive action plan in place to address that challenge.

Wexham Park Theatres

- Vacancies Qualified – Scrub 4.6 wte, Anaes 4.4 wte

Heatherwood Theatres

- Zero vacancies to recruit to, awaiting new starters

Frimley Park Theatres

- Vacancies Qualified – Anaes 6.3 wte

In addition to the current vacancies a benchmarking exercise has taken place using The Association of Perioperative Practice Guidelines which has identified the requirement for an increase in establishment within theatres a various bands. The business case is currently under discussion within the Directorate.

3. Recruitment & Retention

Withdrawal of bursary and student numbers

Nationally applications for nurse training are down 23%, our Higher Education Institution (HEI) providers had a slow start to recruitment to places however have seen a steady increase since Christmas. They are hopeful to recruit to their full allocation. The Trust are working closely with the HEIs on recruitment and

essentially local recruitment which will support substantive recruitment of newly qualified nurses who have trained within the organisation.

Student numbers for September 2017

	Frimley		Wexham	
	Direct entry		Direct Entry	
ODP	Surrey	Bucks	Bucks	
	5	10	8	
Midwife – 3 years	Surrey		UWL	Bedfordshire
	15		12	8
Adult	Surrey	Bucks	Bucks	UWL
	70	10	60	30
Child	Surrey		Bucks	
	10		15	

Nursing Associate

The Trust has been successful in its bid as part of Thames Valley to be a fast follower in the nursing associate pilot. Initially 9 places were allocated to the Trust, this has been increased to 10 and recruitment is going well. The Trust has identified 10 home wards with a mixture of clinical areas to ensure we provide good feedback on the pilot. The cohort is due to start in April 2017.

Overseas Nurse

The Trust has produced a booklet for the overseas nurses, outlining their induction and training and education they can expect during their first few weeks to support transition. English lessons, collegial English, and OSCE support is also offered. Regular meetings are held with overseas nurses to help the Trust understand areas where things are going well and what can be done to improve their experience where not. On the 1st March the Trust held a social evening “wexlife” and are working on introducing regular social events to improve transition to a new country.

Healthcare Assistants

The Trust has large numbers of applicants for healthcare assistant posts and now run monthly assessment centres. This is to ensure a consistent approach to HCA recruitment. The assessment centre involves Maths/English tests and values based recruitment followed by interviews. At each stage of the process if the candidate does not pass the task they do not progress to the next stage.

Trust Nursing and Midwifery Re-branding

In partnership with an external advertising agency successful rebranding has placed the Trust in a firm competitive recruitment position. The Trust now has a showcase DVD and Nursing and Midwifery information pack for use at all recruitment events providing interested healthcare

professionals easy insight into the organisation and a consistent and professional approach to recruitment.

4. Financial Challenges

On all of the Trust sites senior nurses and Associate Directors work with the Director of Nursing and the Directors of Operations to closely manage costs associated with staffing including ward establishments, specials usage, recruitment and agency spend.

This has resulted in a £200,000.00 reduction in nursing agency spend since August 2016.

5. Next Steps

There is no doubt that staffing within Frimley Heath FT remains a significant challenge for a variety of reasons discussed within this paper. While an innovative approach to recruiting and training non registered staff will have some impact on vacancy rates the delay in trained staff arriving from the Philippines, the difficulty in retaining junior staff and the reduction in the number of overseas nurses wishing to work in the UK significant. Next steps therefore include:-

- Continued focus on recruitment and specifically retention of staff
- Effective implementation of the training and development undertaken in roster management to ensure a cost effective, safe and equitable rota.
- Continued innovation in developing clinical support roles

Conclusion

Safe Staffing is a key priority for the nursing and operations teams at FHFT. This requires those teams to work together to ensure wards are staffed safely and efficiently within the financial resources available. High quality care and excellent patient experience is not possible without this continued focus.

Appendix 1

Nursing and Midwifery Vacancy Dashboard (January 17) Includes all qualified nursing A/C Bands 5,6,7 (including Band 4 awaiting plus & ODPs)

Frisley Park	Establishment FTE 100%	Staff in Post FTE 100%	Vacancy FTE 100%	Vacancy % 100%	95% Establishment	Vacancy Target FTE (95%)	Vacancy % (to 95% Recruitment Target)	Recruitment Activity		Vacancy Projections		
								Internal Transfers In	External	Average Leavers (three months)	3 month projected vacant FTE**	3 month projected Vacancy % (Jan 16)
Orthopaedics & Plastics Total	74.10	50.52	23.58	31.82%	70.40	19.88	28.23%	3	10	2.02	11.90	16.00%
Theatre & Anaesthetics Total	189.35	154.89	34.46	18.20%	179.89	25.00	13.90%	8	12	6.20	19.20	10.67%
Paediatrics Total	71.81	59.70	12.11	16.86%	68.22	8.52	12.49%	3	3	2.39	7.91	11.59%
Medicine Total	383.91	338.76	45.15	11.76%	364.71	25.96	7.12%	18	15	13.55	24.51	6.72%
Operations Total	149.77	134.04	15.73	10.50%	142.28	8.24	5.73%	3	3	5.36	10.60	7.45%
Critical Care	109.87	100.13	9.74	8.86%	104.38	4.25	4.07%	1	1	4.01	7.26	6.95%
General Surgery & Urology Total	135.30	125.06	10.04	7.43%	128.35	3.28	2.56%	0	0	5.00	8.28	6.45%
Specialist Surgery Total	14.60	13.60	1.00	6.85%	13.87	0.27	1.85%	2	0	0.54	0.81	5.67%
Obstetrics & Gynaecology Total	196.03	188.38	7.65	3.90%	196.23	-2.15	-1.19%	0	3	7.54	2.39	1.28%
Emergency Department Total	85.48	85.98	-1.50	-1.75%	81.21	-5.77	-7.11%	4	2	3.48	-4.29	-5.28%
Site Total	1450.33	1308.28	142.05	9.79%	1377.81	69.53	5.05%	40	49	52.13	72.9	5.29%

Wexham Park	Establishment FTE 100%	Staff in Post FTE 100%	Vacancy FTE 100%	Vacancy % 100%	95% Establishment	Vacancy Target FTE (95%)	Vacancy % (to 95% Recruitment Target)	Recruitment Activity		Vacancy Projections		
								Internal Transfers In	External	Average Leavers (three months)	3 month projected vacant FTE**	3 month projected Vacancy % (Dec 16)
Critical Care	69.20	55.93	13.27	19.18%	65.74	9.81	14.02%	0	3	2.24	9.05	13.70%
Emergency Department Total	112.95	103.27	9.68	8.57%	107.30	4.04	3.76%	6	4	4.13	4.17	3.68%
General Surgery & Urology Total	77.00	57.57	19.43	25.26%	73.17	15.60	21.52%	4	11	2.30	6.91	9.44%
Medicine Total	416.95	292.10	124.85	29.94%	396.10	104.00	26.26%	1	42	11.68	73.69	18.60%
Obstetrics & Gynaecology Total	151.56	147.03	4.53	2.99%	143.98	-3.04	-2.11%	1	7	5.88	-4.16	-2.89%
Operations	63.14	49.20	13.94	22.08%	59.98	10.78	17.08%	2	3	1.97	9.75	15.26%
Orthopaedics & Plastics Total	82.85	59.10	23.75	28.67%	78.71	19.61	24.91%	1	5	2.36	16.97	21.56%
Paediatrics Total	90.51	79.39	11.12	12.28%	85.98	6.59	7.65%	0	2	3.18	7.77	9.03%
Radiology Total	3.10	1.60	1.50	48.39%	2.95	1.35	45.67%	0	1	0.06	0.81	13.89%
Theatre & Anaesthetics Total	391.16	336.32	54.84	22.13%	371.60	35.38	18.03%	1	6	13.45	42.73	11.90%
Site Total	1294.33	1013.95	276.90	21.69%	1220.04	206.89	18.89%	17	84	40.56	162.6	13.33%

Trust Qualified Nursing Band 5 - 7 (including Band 4 awaiting plus)								Internal Transfers in pipeline	External Jobs in pipeline	Average Leavers per month	Vacancies yet to be appointed to	Vacancies Yet to be Recruited to (95%)	3 month projected vacant FTE**	3 month projected Vacancy % (Apr 15)
Band	Establishment FTE	Staff in Post FTE	Vacancy FTE	Vacancy %	95% Establishment	95% Vacancy FTE	Vacancy % (to 95%)							
Band 4	0.00	13.00	-13.00	#DIV/0!	0.00	-13.00	#DIV/0!	57	133	32.75	275.62	142.62	240.87	9.3%
Band 5	1518.95	1144.92	374.02	24.62%	1443.00	298.08	20.66%							
Band 6	789.25	758.44	30.81	3.90%	749.79	-8.65	-1.15%							
Band 7	426.38	405.87	20.51	4.81%	405.06	-0.81	-0.20%							
Trust Qualified Nursing Band 5 - 7 (including Band 4 awaiting plus) including ODPs	2794.58	2322.23	472.35	17.08%	2597.85	275.62	10.61%							

<p align="center">Theatres Recruitment Action Plan/ Strategy January 2017 (Long term) last senior team meeting 23/1/2017</p>	<p align="center">Action Status</p>
<p>1. Reducing Turnover</p>	
<ul style="list-style-type: none"> Pilot new exit questionnaire to capture detailed 'reasons for leaving' so we can map any trends/ themes (TW) Oct 16 	<p align="center">FHFT Complete</p>
<ul style="list-style-type: none"> Secure more post grad funding for next year to continue development programme for staff into dual/ tri disciplines (scrub/Anaes/ Rec) 	
<p>2. Recruiting to existing vacancies (UK)</p>	
<ul style="list-style-type: none"> Ensure rolling 2 weeks adverts (close Sunday night and open on Monday) are in place for Theatres on both sites (TW). 	<p align="center">FHFT Complete</p>
<ul style="list-style-type: none"> Introduce £3,000 Golden Hello + 8 weeks subsidised accommodation (TW) Oct 16 	<p align="center">FHFT Complete</p>
<ul style="list-style-type: none"> Organise and advertise Theatres Open Day – first one in November (TW/GE) 	<p align="center">FHFT Complete</p>
<ul style="list-style-type: none"> Make contact with universities to identify ways to advertise * review universities and select appropriate). TW to contact Bucks. 	
<ul style="list-style-type: none"> Grow your own – Optimise internal transfer options for internal staff from other Depts to theatres (consider separate advert?) (All) 	<p align="center">FHFT Complete (active programme)</p>
<ul style="list-style-type: none"> Grow your own – Repeat secondment funding for 2017/18 for HCAs to undertake ODP trg (currently have 5 starting this year at Wx) (JB/ ATN via NR – request for 5 x for HWPH in 2017) 	
<ul style="list-style-type: none"> Grow your own – Look at ATP posts for 2017/18 (currently 5x ATPs qualifying at HWD this year) 	
<ul style="list-style-type: none"> Grow your own – Anaes courses for Recovery / Scrub staff for CPD funding in 2017 (HWPH x 5 – check FPH no's) 	
<p>3. Recruiting to existing vacancies (International)</p>	
<ul style="list-style-type: none"> Activate Theatres specific recruitment campaign in the Philippines (via Drake). TW to organise phone conference to discuss March campaign 	<p>Update – TW – 9/12/16, March date set – wait confirmation</p>
<ul style="list-style-type: none"> Make contact with other agencies to explore options re European Recruitment 	
<p>4. Other</p>	
<ul style="list-style-type: none"> TW to contact relevant Trusts to confirm pay arrangements for Theatres staff. Explore ways to manage 5% difference in pay between inner and outer London 	<p align="center">In progress</p>
<ul style="list-style-type: none"> Ensure all adverts have relevant details on regarding HWD new hospital, CQC rating and PD support/ development opportunities (Matrons) 	<p align="center">FHFT Complete</p>
<ul style="list-style-type: none"> Grow your own - Ensure HCA adverts have ODP/ Nurse development opportunities as long term progression (Matrons) 	<p align="center">HWPH Complete</p>

Theatres Recruitment Action Plan/ Strategy (Short term) last senior team meeting 23/1/2017		Action status
1.	Reducing Turnover	Complete (confirmed by TW 9/12/16)
	<ul style="list-style-type: none"> Secure same Bank pay rates for both HWD & Wx sites (as staff work cross site at HWPH) 	
	<ul style="list-style-type: none"> Ensure custom bank rate for Theatres cross site until vacancy reduced below 5% collectively 	KD looking into
2.	Recruiting to existing vacancies (UK)	HWPB Complete
	<ul style="list-style-type: none"> Ensure structured rolling recruitment In place (structured dates in diaries for advert/shortlisting and interview – advert goes straight back out after shortlisting stage automatically) 	
	<ul style="list-style-type: none"> Convert existing Band 5 Anaes vacancies into Band 6 posts, without creating cost pressure, cross site (NB: 1.0wte Band = 1.2wte Band5) 	Out to advert
	<ul style="list-style-type: none"> Explore dedicated trust wide Anaes Practitioner advertising campaign/ film 	
	<ul style="list-style-type: none"> Explore refreshed dedicated theatres Band 5 campaign – incorporating flexi working/ PD progressions/ family friendly dir. 	FHFT Complete
	<ul style="list-style-type: none"> Increase ODP student places for 2017 – HWPH & FPH (HWPH confirmed increase to 10 places & FPH to 15) 	FHFT Complete

Report Title	Recruitment & Retention Update
Meeting	Board of Directors – Public
Meeting Date	Friday, 3 rd March 2017
Agenda No.	14.
Report Type	For Noting
Prepared By	Tom White, Associate Director Resourcing
Executive Lead	Janet King, Director HR & Corporate Services
Executive Summary	<p>This paper reviews the progress that has been made to improve recruitment and retention practices across the Trust and reduce vacancies across various staff groups. Overall good progress has been made in 2016 however this paper outlines both current and future risks as a result of the political and economic environment which threatens to reduce the supply of qualified staff in 2017 and beyond. A revised Recruitment and Retention action plan for 2017 has been produced (Appendix F) which aims to both respond to these risks and continue to reduce vacancies in line with agreed trajectories.</p>
Background	<p>In 2016 we set agreed trajectories to reduce vacancies for the Nursing and Midwifery and Medical staff groups and put in place Recruitment and Retention action plans to support this work. This paper details both the progress which has been made but also the challenges ahead.</p>
Issues / Actions	<ul style="list-style-type: none"> • In 2016 we achieved a 24% increase in nurse recruitment activity (compared to 2015) which has resulted in the vacancy rate for nursing at HWP decreasing by 2% from 18.5% to 16.5%. Overall the vacancy rate at FP decreased slightly from 5.8% (Jan 16) to 4.6% (Dec 16). A revised trajectory has been put in place to reduce the overall Trust vacancy rate from 10% to 8% by December 2017. • Due to the political and economic environment our ability to successful recruit candidates from overseas will be reduced in 2017 and this may impact on our ability to further reduce vacancy rates..

	<ul style="list-style-type: none"> • The Trust has performed significantly better in regards to nurse recruitment than other local Trusts • The Medical (non-training) vacancy rate also decreased in 2016 from 8.7% to 6.8%. • The vacancy risks within the Allied Health Professionals have also decreased as a result of increased recruitment activity. • A revised Recruitment and Retention action plan has been produced which is linked to nine key workforce objectives, which will then form part of a wider Recruitment and Retention strategy (currently in development).
<p>Recommendation</p>	<p>To note work currently taking place.</p>
<p>Appendices</p>	<p>Appendix A: Nursing and Midwifery Starters and Leavers Appendix B: Benchmarked Turnover Data Appendix C: 2017 Nursing Vacancy Trajectory Appendix D: Medical Vacancy Trajectory Appendix E: Example of Frimley Health adverts Appendix F: 2017 Recruitment and Retention Plan</p>

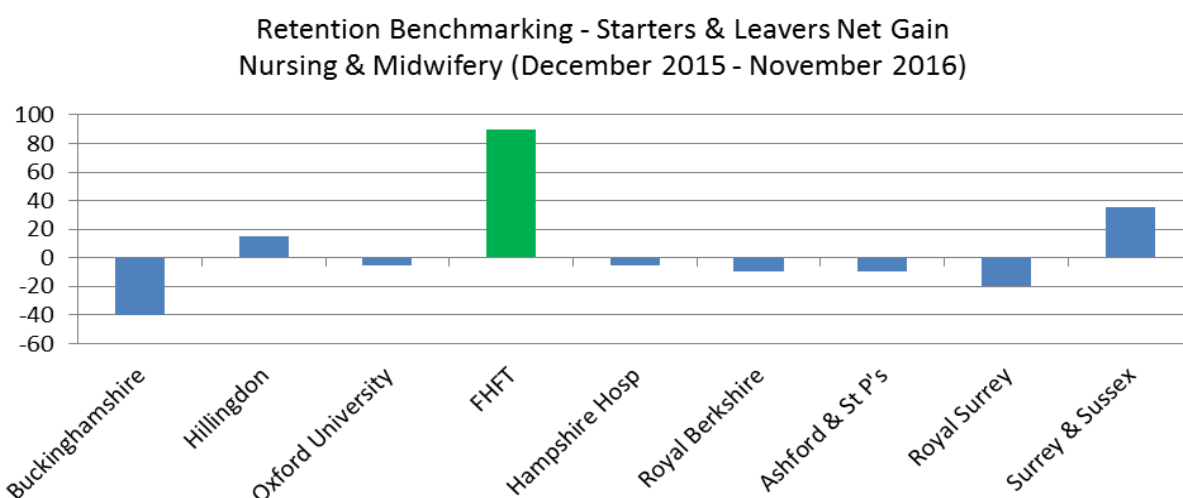
1. Nursing

1.1 New Starters in 2016

There are currently over 24,000 nursing vacancies across the UK (NMC), which is an increase of 50% since 2013. Despite the challenging labour market the Trust has successfully recruited a total of 418 qualified nurses in 2016 compared to 338 in 2015, an increase of 80 wte or 24% (see Appendix A for a further breakdown). New starter data shows (see Appendix A) that in terms of trends the nursing workforce is becoming more diverse in terms of nationality (43% of starters have a nationality outside of the UK) and also younger (the average age of a nurse is 40 compared to 41 12 months ago).

When benchmarked with other local Trust's (see table 1 below) we have performed very well in terms of achieving a net gain of nurses (from Dec 2015 – Dec 2016). Whilst most other local Trusts have seen a relative decrease in their net gain of qualified nurses (more leavers than starters) we have seen a 90 wte increase during this period. Whilst this is a positive trend there are external factors which make repeating this performance again in 2017 even more challenging.

Table 1. Recruitment and Retention Benchmarking, Qualified Nurses (December 2015-November 2016), source: NHS Iview



1.2 International Recruitment – Europe

The Trust recruited 136 European nationals in 2016 (approximately 60 have been recruited directly from Europe). Recent figures released by the Royal College of Nursing (RCN) show that the number of nurses from Europe registering to work in the UK since the Brexit referendum has fallen by 90% (101 nurses and midwives from other European nations joined the NMC register to work in the UK in January 2017 - a drop from 1,304 in July). We have seen this trend impact on the Trust's recruitment processes, with a significant decrease in the volume of nursing candidates being recruited outside of the UK.

1.3 International Recruitment – Non-EU

In August 2016 we initiated a new recruitment drive in the Philippines and offered posts to 44 nurse candidates. We identified a number of important lessons learnt from our previous campaign in January 2015 and are currently Drake also provide a high level of engagement and support to the candidates, supporting them to complete documentation and examinations efficiently and

effectively. We are planning for the first intake of nurses from this recruitment campaign to start with the Trust in March/April and are also organising another trip to the Philippines in March 2017. It should be noted that recruiting from the Philippines remains both highly competitive and challenging and a very lengthy process (we know from liaising with other Trusts that this is a national issue). Unfortunately instead of improving the process both the Home Office (UKBA) and the NMC continue to introduce new rules and restrictions which is making it more difficult and complicated for non-EU national to be able to work in the UK.

1.4 Nursing Bursary and Impact on UK Recruitment

In July 2016, the Government confirmed its decision to replace NHS bursaries for nursing and allied health professional students in England with student loans. Students will be charged tuition fees (£9k) from 1st August 2017. Initial data released by the NMC and reported in the national press in February 2017 indicates that applications by students in England to nursing and midwifery courses at British universities have fallen by 23% (the impact on the number of training posts being filled is not yet known) .

Clearly this trend is worrying considering both the high volume of nurse vacancies and increased challenges of international recruitment. Until more information is released from Universities regarding student places it is difficult to assume the direct impact at this stage however we will closely monitor.

1.5 Qualified Nursing Turnover

At HWP turnover decreased by 72 wte (28%) in 2016 whilst at Frimley Park turnover increased by 62 wte (42%) in 2016. Overall annual turnover still remains higher at WP at 14% compared to FP at 13%. In total 393 nurses left the Trust in 2016, 184 HWP and 209 at FP.

Distinguishing between 'avoidable' and 'unavoidable' turnover is challenging with the current data that we have (see section 4.4 about how we are improving turnover intelligence). What the data however does tell us is that 88 (20%) of nurse leavers left the Trust last year with less than 12 months service (this increases to 28% of leavers for non-EU nationals). This indicates that the Trusts induction processes and the initial experience for a nurse with up to 12 months service could be improved and enhanced.

Whilst nursing turnover is a concern, benchmarked data shows (Appendix B) that we are not an outlier compared to the national benchmark and indeed perform favourably when compared to local Trusts.

1.6 Performance against 2016 nurse vacancy trajectory

In March 2016 a nursing vacancy trajectory was produced which outlined a plan to reduce the nursing vacancy rate at HWP from 18.5% (March 16) to 15.4% (Sept 16). This was achieved in October with a vacancy rate of 14.9%. Overall the vacancy rate at FP decreased slightly from 5.8% (Jan 16) to 4.6% (Dec 16). In total the Trust has 266 nursing vacancies which are currently being covered by 192 Bank staff and 172 agency staff.

1.7 Revised 2017 Nursing Vacancy Trajectory

As has been described so far, the external labour market for qualified nursing will be even more challenging than in 2016. The 2017 trajectory (Appendix C) sets out a plan to reduce the qualified vacancy rate from 10.1% (258 wte) to 7.9% (203 wte) by December 2017. The trajectory assumes that we are successfully in recruiting 44 candidates from the Philippines and 22 from Europe during

4

the next 12 months with turnover rates remaining the same. Should it become clear that these assumptions should change then we would adjust the trajectory accordingly.

2. Allied Health Professionals

There has been considerable amount of work undertaken to try and recruit to the 'hard to recruit' positions within Allied Health Professionals so to minimise the risk of vacancies and decrease agency spend. Use of social media (as a tool to advertise and recruit) along with increased co-ordination of recruitment process via open days has resulted in increased recruitment activity.

2.1 Radiographers

A successful open day took place on the 24th January at Frimley Park with seven offers were made (5 for FP & 2 WP). A further open day is being arranged for Wexham Park in March. A further nine Radiographers have been offered positions and are completing pre-employment checks and are due to start in the next couple of months. Whilst recruiting Radiography remains a challenge overall vacancy rates are predicated to decrease to 16% by April 2017.

2.2 Theatres (Operating Department Practitioner (ODP's) / Anaesthetic Practitioner

The Trusts recruitment partner, Drake, have been asked to supply a mix of anaesthetic nurses and scrub nurses via the recruitment in March in the Philippines. We have seen the increased of interest within theatres in January and February months. During the Recruitment Event at Frimley Health on the 31st of January Theatres made six offers and on the 16th of February Recruitment Event at Wexham Park Hospital Theatres also made six offers.

2.3 Occupational Therapists / Physiotherapists

Overall vacancy rates have reduced with OT's and Physiotherapists and whilst some specialist roles remain hard to recruit but not considered a general recruitment risk at this time. One of the key challenges remains covering for planned and unplanned leave (sickness, annual leave and maternity leave etc.) and avoiding unnecessary agency spend.

3. Medical Staff

The NHS does not have the number of doctors it needs; there is a national shortage. The proportion of doctors joining specialist training in the UK – including general practice – has fallen for the fifth year running, with just over 50% of doctors who completed the foundation programme going on to enter British specialist training. This is compared with 71% in 2011 (figures from the UK Foundation Programme Office).

Many doctors are choosing to work abroad where the workload is less onerous and patients have less complex medical issues. There are a number of specialties that are recognised formally on the government shortage occupation list. These are;

- All grades in anaesthetics;
- All grades in Paediatrics, Obstetrics and Gynaecology
- All grades in Emergency Medicine
- All grades in Clinical Radiology
- All grades in Psychiatry
- Consultant grades in Clinical Oncology

The Trust has been actively advertising vacant positions (both print and online) in order to reduce vacancy risks and the increased agency / locum costs which this creates. Domestic and international recruitment continues.

3.1 Recruitment activity in 2016

The Trust recruited 477 medical staff (48 wte consultants, 57 Trust grade / Specialty doctors and 371 doctors in training in 2016). Appendix A provides a breakdown of medical new starters in 2016 by both nationality and age. This data shows that in terms of trends the medical workforce, non-UK nationals remain a minority (74% of starters have a UK nationality).

3.2 Medical Turnover in 2016

Appendix B details turnover by Medical Job role, which includes training and non-training positions. Consultant turnover is currently at 8.96% which has remained fairly static during the last 12 months. In terms of benchmarking turnover with other Trusts, this shows that the Trusts turnover rates for both consultants and speciality doctors is significantly higher than both the national benchmark and in comparison with other local Trusts.

3.3 Medical Vacancy Trajectory 2017

We originally set a trajectory for the period (April 2016 to April 2017) to reduce the vacancy rate (non-training posts) by 3.8%, to 4.9% by April 2017. The current vacancy rate for Medical staff across all divisions and pay grades is 6.8% (a breakdown is provided in Appendix D). We have revised the trajectory to achieve a vacancy of 4.8% by Jan 2018 which we consider to be more realistic considering the labour market challenges.

4. Recruitment and Retention Achievements in 2016

4.1 TRAC Recruitment System

In January 2016 we introduced a new electronic recruitment system called TRAC. Increased reporting functionality now allows us to monitor recruitment activity at departmental level. Other benefits include quicker on-boarding and improved communication between candidates and recruiting managers.

4.2 Employer Branding / Advertising

We completed a project in 2016 to develop our employer brand to ensure our adverts (print and online) are unique and different from other Trusts. In 2016 we undertook a national recruitment campaign (see Appendix E for example adverts) and we are continuing to develop the Trust's careers website aimed at both attracting and informing prospective candidates to start or develop their nursing career at Frimley Health.

4.3 Online Advertising / Social Media

We are now using social media to advertise and attract candidates to a variety of job roles. One of the key benefits of using social media (Facebook and LinkedIn) is the highly customisable nature of advertising which allows us to directly target potential candidates based on characteristics such as their location, education level, industry they are currently working, course they are currently studying or studied before, current job roles, social groups and many more. As a result we have

seen an increase number of applications and better calibre of candidates applying for the jobs that has been advertised via Social media.

4.4 Revised exit questionnaire

Following a successful pilot, in November the Trust launched a new exit questionnaire and interview process. As part of this process all leavers are offered an exit interview with their line manager's manager. This will allow employees a further opportunity for them to discuss their experiences of working at Frimley Health. The leavers line manager is responsible for arranging the exit interview and HR will also be providing reminders to line managers.

Since the exit process was formally launched in November we have received 82 responses to the exit interview. Concerns raised by individuals have been raised to management teams. We will aim to present the initial six month findings to Top Team in June 2017.

4.5 Social Committee

The staff social events committee was launched in September 2016 and has organised several successful events for staff, with the latest being a staff Quiz at the end of January. This was oversubscribed and well received and further Quiz nights have been requested. A calendar of suggested events for 2017 is being finalised and will publicised in the near future. We will be sending out a survey to get staff feedback on the events/activities that they would participate in and enjoy to inform the planning process.

5. 2017 Trust wide Recruitment and Retention Plan

Appendix E details a revised Recruitment and Retention action plan which is linked to nine key workforce objectives (detailed below), which will form part of a wider Recruitment and Retention strategy (currently in development).

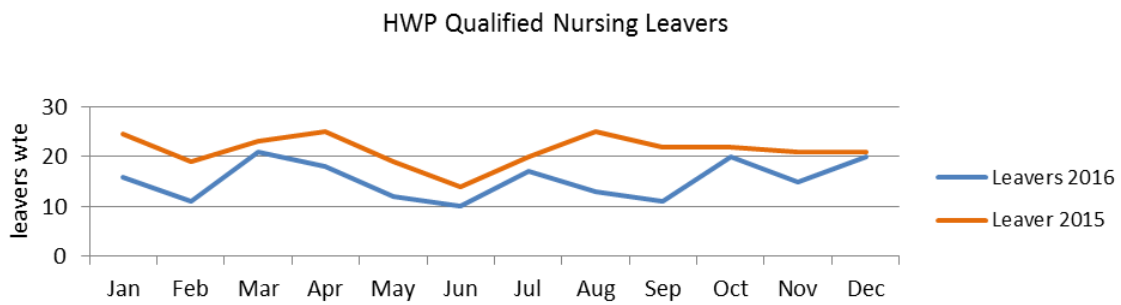
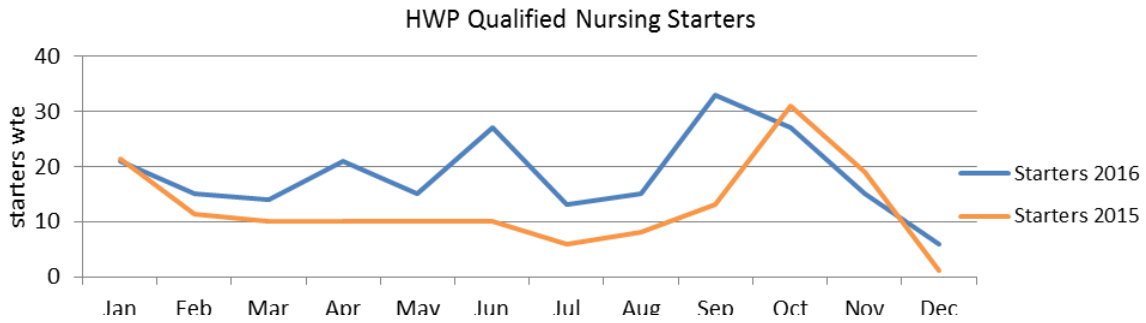
Nine key workforce objectives relating to Recruitment and Retention:

1. Report and monitor vacancy and turnover rates – development of local action plans
2. Increase effectiveness of recruitment -Reduce 'time to hire' by 20% to 10 weeks
3. Maximise opportunities to attract candidates (UK and International)
4. Supportive, Caring and Encouraging Management Practices (engagement)
5. All leavers to be offered an exit questionnaire & interview
6. Use Bank staff to fill staffing gaps rather than agency
7. All new starters receive a comprehensive local induction
8. Flexible working and 'good' rostering to be used to support staff
9. Enhancing Staff Happiness and Welfare (wellbeing)

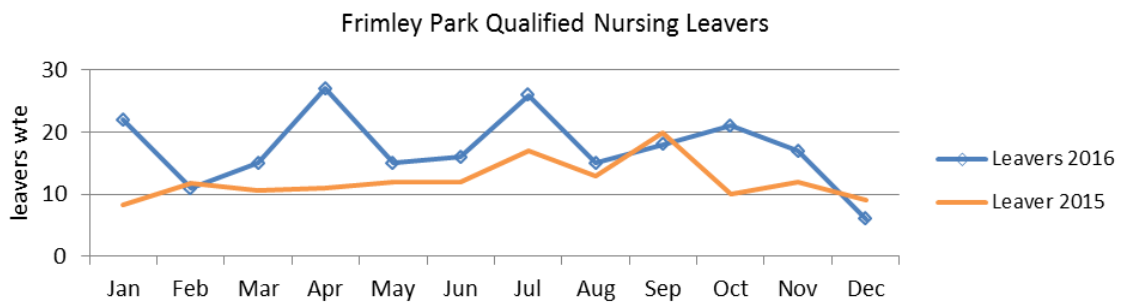
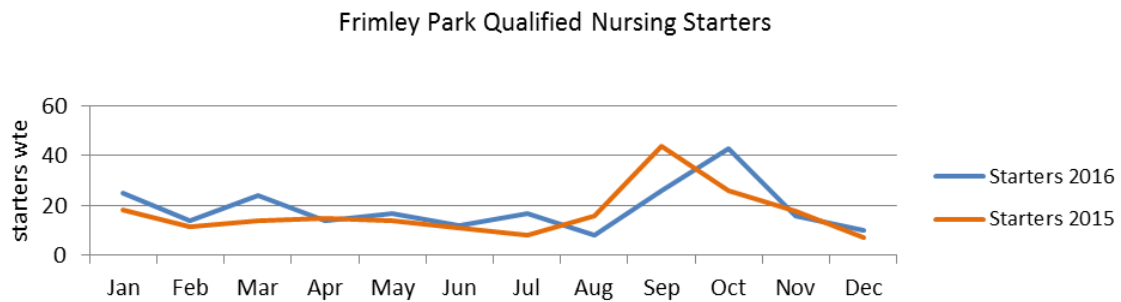
The overall aim of these objectives is to ensure that the Trust is maximising all advertising opportunities both in the UK and abroad so to attract and retain the highest calibre of candidates to positions. Further improvements and enhancements to our recruitment and selection processes will not only increase the effectiveness of recruitment (reducing time to hire) but also ensure that candidates have the best experience possible. The objectives also place an increased focused on retention by not only improving the intelligence we have about why candidates leave but also to support line managers by providing them will tools and resources to help them recognise and reward success and commitment of teams and individuals to help reduce overall turnover.

Appendix A: Nursing and Midwifery Starters and Leavers

- Heatherwood and Wexham Park



- Frimley Park



- **New Starters Profile**

Qualified Nurse Starters, Nationality and Age profile in 2016, source ESR

Nationality	Wte	%	Current Profile	Age (at starting)	wte	%	Current Profile
UK	237	57%	67.9%	20's	197	46.7%	22.9%
EU	136	33%	15.1%	30's	120	28.4%	26.1%
Non EU	40	10%	17.0%	40's	69	16.4%	28.9%
Grand Total				50's	29	6.9%	17.8%
				60's	7	1.7%	4.2%
				Grand Total			

Medical Starters (all grades) Nationality and Age profile in 2016, source ESR

Nationality	Number of Starters	% of starters	Age (at starting)	Number of Starters	% of starters
UK	354	74%	20-30	204.6	43%
Non-EU	56	12%	30-40	198.1	42%
EU	67	14%	40-50	63.8	13%
			50-60	6.9	1%
			60-70	3.1	1%

Appendix B: Benchmarked Turnover Data

Qualified Nurse Benchmarked Turnover, source NHS IView

Trust	Staff Turnover
Hampshire Hosp	14.11%
Oxford University	14.23%
FHFT	14.38%
Surrey & Sussex	14.91%
Royal Berkshire	15.18%
Buckinghamshire	15.99%
Hillingdon	16.13%
Ashford & St P's	16.30%
Royal Surrey	17.07%
<i>National Benchmark Average</i>	<i>14.17%</i>

Medical leavers by job role in 2016, source ESR

Role	% annual turnover
Consultant	8.96%
Doctors in Training	82.1%
Specialty Doctor	19.28%
Grand Total	

Benchmarked turnover for consultants, source ESR

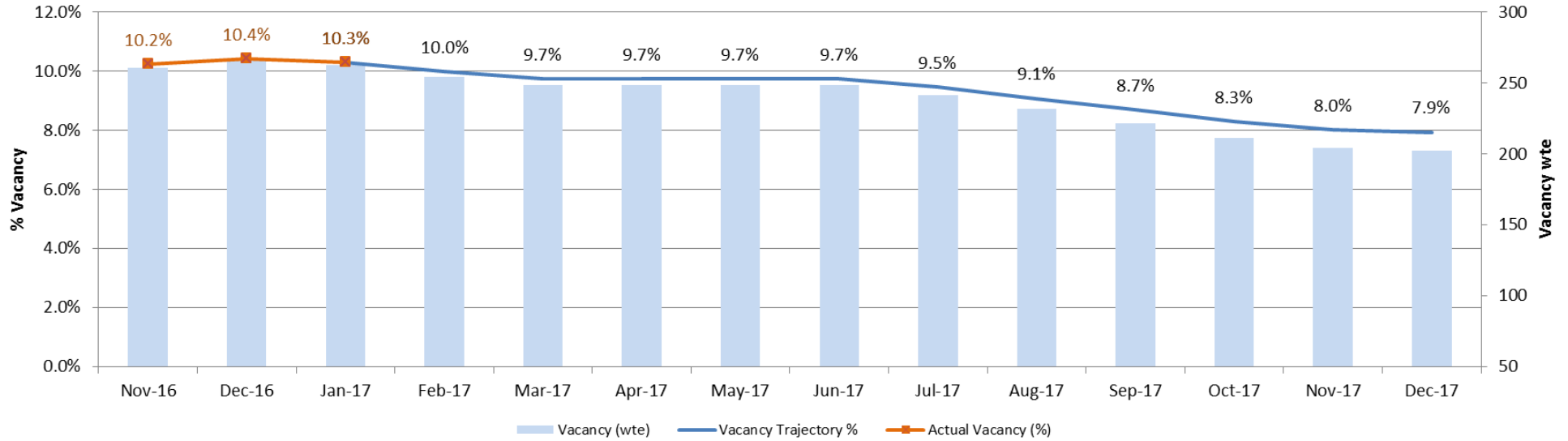
Trust	Consultants
Hampshire Hosp	4.36%
Hillingdon	4.50%
Ashford & St P's	4.62%
Royal Surrey	5.20%
Oxford University	5.22%
Surrey & Sussex	5.29%
Royal Berkshire	5.37%
Buckinghamshire	7.14%
FHFT	8.96%
Benchmark Average	5.41%

Trust	Specialty Doctors
Hampshire Hosp	2.78%
Buckinghamshire	7.45%
Oxford University	9.45%
Surrey & Sussex	11.32%
Royal Berkshire	11.69%
Hillingdon	12.90%
Ashford & St P's	17.14%
FHFT	19.28%
Royal Surrey	19.51%
Benchmark Average	13.84%

Appendix C: 2017 Nursing Vacancy Trajectory

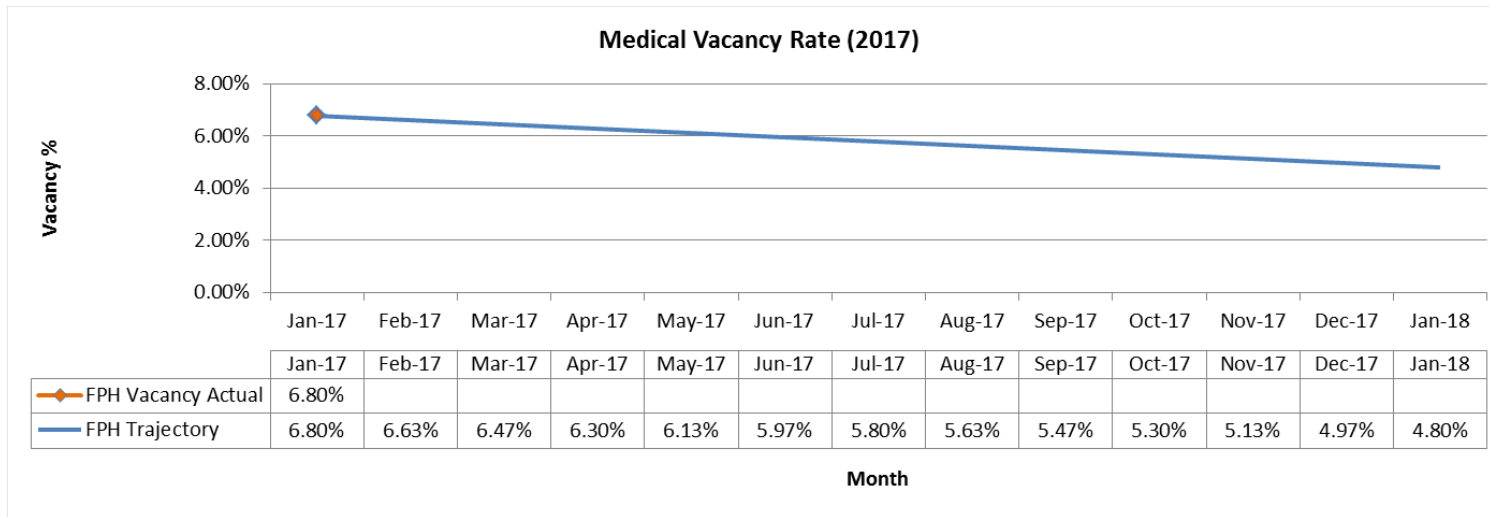
Trust Level Nursing and Midwifery (Qualified) Vacancy Trajectory wte 2017/18 (95% Establishment)

Source: ESR



Future Recruitment Activity	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
UK (including Recruitment Days)	20.0	20.0	18.0	18.0	18.0	18.0	18.0	18.0	18.0	18.0	18.0	18.0	18.0	18.0
UK Recruitment Agency / Headhunter	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0
Student Intake	0.0	0.0	6.0	6.0	6.0	0.0	0.0	0.0	5.0	8.0	13.0	13.0	0.0	0.0
Philippines Intake	0.0	0.0	0.0	5.0	3.0	3.0	3.0	3.0	5.0	5.0	5.0	5.0	5.0	2.0
European Recruitment Intake	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	0.0
Total Planned / Actual new Starters	27.0	27.0	31.0	36.0	34.0	28.0	28.0	28.0	35.0	38.0	43.0	43.0	30.0	25.0

Appendix D: Medical Vacancy Trajectory



Medical Workforce Dashboard Summary Jan 17				
Non-Training Medical Positions		Vacancy (source: ESR)		
Hospital Site	Budget (wte)	Actual (wte)	Vacancy (wte)	Vacancy %
151 Frimley Park Hospital Total	230.5	227.7	2.8	1.2%
429 Wexham Park & Heatherwood Hospitals Total	242.2	213.1	29.1	12.0%
Grand Total	472.7	440.7	31.9	6.8%
Training Medical Positions		Vacancy (source: ESR)		
Hospital Site	Budget (wte)	Actual (wte)	Vacancy (wte)	Vacancy %
151 Frimley Park Hospital	258.8	262.3	-3.5	-1.4%
429 Wexham Park & Heatherwood Hospitals	261.1	262.3	-1.3	-0.5%
Grand Total	519.9	524.6	-4.8	-0.9%

Appendix E: Example of Frimley Health adverts

Frimley Health **NHS**
 NHS Foundation Trust
 Excelling together, today and tomorrow

FRIMLEY PARK
 HEATHERWOOD
 WEXHAM PARK

“The next few years have the potential to be amazing.”

CLINICAL & NON-CLINICAL CAREER OPPORTUNITIES
 PERMANENT AND TEMPORARY STAFF BANK

We're a Trust that's growing and moving forward with a major investment in our people and facilities. It's the perfect time to join us and shape the career you want.

We've a range of great opportunities for Doctors, Nurses, Midwives, Healthcare Assistants right through to Clerical and Admin Support roles. To find out more and apply, please visit the Frimley Health careers' pages on our Trust website, or go to www.ExcellingTogether.co.uk today.

www.fhft.nhs.uk/careers

Committed To Excellence Working Together Facing The Future

**Terms and conditions apply - see website for further details.*

2 months free accommodation for nurses*

Appendix F: 2017 Recruitment and Retention Plan

Objective	Action	Timeframe	Status
1. HR department are responsible for regularly producing accurate and timely reports to management teams detailing turnover and vacancy information across all staff groups.	Maintain the Nursing and Midwifery Vacancy Dashboard ensuring monthly publication to nursing community and management teams.	On-going	Complete
	Produce a vacancy dashboard for Medical staff and circulate to relevant management teams.	March 17	Draft dashboard has been produced and reviewed by the workforce committee. Revisions to be made for Feb 17
	Revise current Workforce Information reports to management teams making use of ESR Business Intelligence functionality	Aug 17	Reports are currently in development
	Workforce Committee to regularly review vacancy and turnover hotspots and concerns	On-going	Regular agenda item for the committee
2. Increase effectiveness of recruitment processes - reduce 'time to hire' by 20% from 14 to 11 weeks	Revise current Recruitment and Retention policy to facilitate a more effective recruitment process	Feb 17	Revised policy produced and waiting for final sign off from staff side
	Introduce fast-track recruitment process for management roles (Band 7 and above)	Feb 17	New process detailed in revised Recruitment and Selection policy
	Ensure effective reporting from the TRAC system to identify recruitment risks, issues and concerns	March 17	TRAC reports in place for nursing and medical staff. New reports being developed for other staff groups.
	Revised recruitment process ' <i>stop the wastage, reduce the time</i> ' for nursing implemented. Aims: <ul style="list-style-type: none"> o Streamlined shortlisting, interview and pre-employment check process piloted: <ol style="list-style-type: none"> 1. Candidates apply for a generic adverts, are shortlisted with 48 hours and invited to interview (within 5 	April 17	Nursing Board Agreed to pilot the new approach. First adverts to go live in April

	<p>working days)</p> <p>2. Interviews takes place (standardised assessment) and candidates are either offered or declined within 24 hours</p> <p>3. Pre-employment checks completed at the interview and successful candidates receive offer letters on the day (with agreed start dates)</p>		
3. Maximise opportunities to attract candidates (UK and International)	Standardise and enhance the use of social media to advertise job roles across all staff groups.	May 17	Initiating a project jointly with Communications Department to review and identify ways to enhance use of social media.
	Develop new process to actively engage with candidates who have either withdrawn from the process and or have been unsuccessful but could be considered for future job role.	June 17	Work has started within nursing to review examples and pilot a process.
4. Supportive, Caring and Encouraging Supervision/Management Practices	<p>As part of both the Trusts Wellbeing and Training and OD strategy identify and implement interventions which support staff retention:</p> <ul style="list-style-type: none"> Recognise success and good practice when wards/departments achieve low turnover / vacancy rates. Expand current 'long service' award to recognise commitment of staff (5, 10, 15 years). 	TBC	Set up working group to take forward these actions.

	<ul style="list-style-type: none"> • Provide tools and resources which allow managers to reward commitment and success of teams and individuals locally. • Explore funding options to support this work 		
5. All leavers to be offered an exit questionnaire & exit interview	Embed the revised exit questionnaire and interview process and produce initial reports to management team (first 6 months data)	July 17	Revised process launch and communicated. Initial results feedback to Workforce Committee. This will be now be a regular item on the agenda.
6. Use of Bank staff to fill staffing gaps rather than agency	A Preferred Supplier List (PSL) in place covering all staff groups	April 17	In place for nursing and Radiographers. Further work required to launch for other staff groups.
	Centralisation of Bank systems and process across all staff groups	Sept 17	Top Team have approved business case. Currently working up project plan.
7. All new starters receive a comprehensive corporate and local induction – identify ways to ensure adequate support during the first 12 months	<ul style="list-style-type: none"> • Review current corporate and local induction process and practices (SWOT) and develop action plan to improve • Consider options for mentorship / buddy programme 	TBC	
8. Promotion of flexible working and 'good/effective' rostering to support work life balance.	Finalisation and implementation of revised e-rostering policy	Feb 17	Revised policy waiting for final sign off. Action plan to follow
9. Enhancing Staff Happiness and Welfare	Produce 12 month calendar of staff social and recreational events	TBC	Events being arranged for 2017 and will be publicised in March
	Arrange social events focused of staff living on accommodation		First event planned for March 17

Report Title	Update Summary from the Finance Assurance Committee (FAC)
Meeting	Board of Directors – Public
Meeting Date	Friday, 3 March 2017
Agenda No.	15.1
Report Type	For Information
Prepared By	Rob Pike, Chair of the FAC Susanne Nelson-Wehrmeyer, Company Secretary
Executive Lead	Martin Sykes, Director of Finance
Executive Summary	This report briefs the Board on the main item discussed at the specially convened 22 nd February 2017 meeting of the Finance Assurance Committee.
Background	<p>Deep Dive on CIPs 2017/2018</p> <p>The Committee was presented with a report which highlighted the following issues;-</p> <ul style="list-style-type: none"> •To achieve the financial control total for 2017/18 the Trust must deliver a £30.5m CIP or 5%. This is comprised of £28m cost base target and £2.5m synergies. •The program is treated as one and represented a challenging 5% target (rising to 5.8% in 2018/19). •Directorates had so far identified £28.1m of which £26.4m was cash releasing. This left a gap of £4.1m cash releasing CIP to find between now and April. •The bulk of CIPs were at Gateway 2 (finance validation). Gateway 3 (QIA) was targeted for mid-February and Gateway 4 by mid-March (80% project plan complete). Work continued in relation to validation and challenge. •All CIPS were subject to Quality Impact Assessments by the Director of Nursing and the Medical Director. •Additional schemes of more than £4.1m were required, to hedge against the attrition of some CIPs as they passed the Gateway process – a prudent stretch target would be an additional £2m allowing for 94% delivery. •There remained a significant risk of delivery at this stage. <p>The discussion on the CIP report focused on assurance from the process and concluded;</p> <ul style="list-style-type: none"> •FAC could provide the Board with assurance on the CIP process, in so far as previous performance had reliably resulted in between 85-95% delivery. •The biggest risk to CIP delivery was the remaining gap. All agreed that more radical proposals were required to deal with the gap.

	<ul style="list-style-type: none"> •It was necessary to take some of the Trust’s best people to engage in transformational thinking. •The use of national forums for ideas and learning from other trusts was suggested along with a need to look outside the NHS for best practice efficiency models and examples. •to enable learning, a review of the past top ten CIP initiatives be undertaken to confirm whether the improvement or savings were sustained and spare capacity not absorbed elsewhere. The areas mostly likely to be affected were length of stay and agency. <p>A number of existing and new projects were also discussed along with suggestions for generating new ideas for transformational change.</p> <p>In summary the committee expressed sympathy with the executive team, acknowledging that it is natural and understandable for CIP fatigue to set in after several years of sustained pressure on costs. At this late stage with only 80% of the target identified, and with prudence suggesting an additional 10%, given the historical level of achievement, then there was a need for some more radical transformational activity. The Directors of Operation highlighted some reasonably sized opportunities with respect to generating efficiencies in medical records and improving clinical rosters but there remained a need to continue with CIPs and identify bigger opportunities from transformational work for 17/18 and beyond.</p>
<p>Recommendation</p>	<p>This Board is asked to note the issues highlighted in the report, take assurance on the CIP process and agree any further action as required.</p>

Report Title	Update Summary from the Charitable Funds Committee, (CFC)
Meeting	Public Board
Meeting Date	3 rd March 2017
Agenda No.	15.2
Report Type	Information
Prepared By	Mike O'Donovan, Chair of the CFC and Kevin Jacob, Asst. Company Secretary
Executive Leads	Martin Sykes, Director of Finance and Strategy and Janet King, Director of Human Resources and Corporate Services.
Executive Summary	This report briefs the Board on the main items discussed at the 24 th February 2017 meeting of the Charitable Funds Committee.
Background	<p>1. Charitable Fund Balances and Treasury Management Report The Committee considered a report setting out:</p> <ul style="list-style-type: none"> • The fund balance for the Frimley Health Charity which had a combined fund total of £4.3 million as of 31st January 2017; • How investments had been made in line with the Charitable Funds Investment Policy together with an update on the current case position and future commitments. <p>The discussion of the report focussed upon:</p> <ul style="list-style-type: none"> • The duty of care that the Trust had to spend charitable funds as quickly as was possible and the need to ensure all staff were aware of the availability of funds and how to access them • The feasibility of using charitable funds to provide higher than standard specification equipment as part of the some of the Trust's major capital projects; • The issues around aggregation of designated charitable funds with similar characteristics into a smaller number of funds.

	<p>The report was noted.</p> <p>2. Charitable Funds Significant Income & Expenditure 2016/2017 and Update on Spending Plans</p> <p>The Committee noted a report on:</p> <ul style="list-style-type: none"> • Recent income received from individual donations over £5,000 and details of individual purchases from charitable funds in excess of £10,000 highlights of which included income of £177,000 from one individual legacy whose total now exceeded £800,000 • Expenditure now totalling £77,000 for a Versacut Morcellator System for use in Urology in Frimley Health and £18,000 towards refurbishment of neonatal rooms at Wexham Park <p>The report was noted.</p> <p>3. Fundraising Report</p> <p>The Committee welcomed Andrew House to the meeting following his appointment as Frimley Health Charity Fundraising Manager in February.</p> <p>The Committee considered a report setting out an update on the Trust’s major appeals and other charity fundraising activities. It was highlighted that the Run Frimley 10k run in aid of the Stroke Appeal would take place on Sunday 30 April.</p> <p>The report was noted.</p> <p>4. Funding Requests</p> <p>The Committee agreed to support funding of £4,000 towards the 2017 End of Life Conference. Two other proposals were discussed and the Fundraising Manager was asked to discuss these further with colleagues, with a recommendation from the Committee that the smaller proposal for £8,000 be supported.</p> <p>5. Any other business</p> <p>The Committee noted that work was in progress to ensure that the Trust was compliant around opt in/ opt out regulations re communications from the Charity.</p>
<p>Recommendation</p>	<p>This Board is asked to note the issues highlighted in the reports and agree any further action as required.</p>

Acronym 'Buster'

A

- A&E - Accident and Emergency
- AD - Associate Director
- ADT - Admission, Discharge and Transfer
- AfC - Agenda for Change
- AGM - Annual General Meeting / Annual Governance Meeting
- AHP - Advanced Health Professional
- AKI - Acute Kidney Injury
- AMM - Annual Members Meeting
- AMR - Antimicrobial Resistance
- AMU - Acute Medical Unit
- AOS - Acute Oncology Service
- ANP - Advanced Nurse Practitioner
- AR - Annual Report
- ASPH - Ashford and St. Peter's Hospital

B

- BAU - Business As Usual
- BBE - Bare Below Elbow
- BME - Black and Minority Ethnic
- BCF - Better Care Fund
- BMA - British Medical Association
- BMI - Body Mass Index
- BoD - Board of Directors

C

- CAMHS - Child and Adolescent Mental Health Services
- CAS - Central Alert System
- CAU - Clinical Assessment Unit
- CCG - Clinical Commissioning Group
- CCU - Coronary Care Unit
- CDI - Clostridium Difficile Infection
- CDIC - Commercial Development and Investment Committee
- Cdif / C.Diff - Clostridium Difficile
- CEA - Clinical Excellence Awards
- CEO - Chief Executive Officer
- CFO - Chief Finance Officer
- CHC - Continuing Health Care
- CHD - Coronary Heart Disease
- CIO - Chief Information Officer
- CIP - Continuous Improvement Plan
- CoG - Council of Governors
- CoS - Chief of Service
- CoSRR - Continuity of Service Risk Rating
- CPA - Care Programme Approach
- CQC - Care Quality Commission
- CQUIN - Commissioning for Quality and Innovation
- CRAB - Copeland's Risk Adjusted Barometer
- C.Section - Caesarean Section
- CSU - Commissioning Support Unit
- CT - Computerised Tomography
- CTG - Cardiotocography
- CVC - Central Venous Catheter

D

- DBS - Disclosure Barring Service
- DGH - District General Hospital
- DH / DoH - Department of Health
- DIPC - Director of Infection Prevention and Control
- DNA - Did Not Attend
- DNACPR - Do Not Attempt Cardiopulmonary Resuscitation
- DNAR - Do Not Attempt Resuscitation
- DNR - Do Not Resuscitate
- DoLS - Deprivation of Liberty Safeguards
- DoN - Director of Nursing
- DoO - Director of Operations
- DPA - Data Protection Act
- DSU - Day Surgery Unit
- DVT - Deep Vein Thrombosis

E

- E&D - Equality and Diversity
- EAU - Emergency Assessment Unit
- EBITDA - Earnings Before Interest, Taxes, Depreciation and Amortization
- ECG - Electrocardiogram
- ECIST - Emergency Care Intensive Support Team
- ED - Emergency Department
- EDD - Estimated Date of Discharge
- EDMS - Electronic Document Management System
- EEG- Electroencephalogram
- EHR - Electronic Health Record
- EHRC - Equality and Human Rights Commission
- EIA - Equality Impact Assessment
- ELSCS - Elective Caesarean Section
- EM - Emergency Medicine
- EMLSCS - Emergency Caesarean Section
- ENT - Ear, Nose and Throat
- EOLC - End of Life Care
- EOLCA - End of Life Care Audit
- EPR - Electronic Patient Record
- EPRR - Emergency Preparedness, Resilience and Response
- ESD - Early Supported Discharge
- ESR - Electronic Staff Record
- ETP - Electronic Transmission of Prescriptions
- EEA - European Economic Area

F

- FBC - Full Business Case
- FFT - Friends and Family Test
- FH - Frimley Health
- FOI - Freedom of Information
- FPH - Frimley Park Hospital
- FRR - Financial Risk Rating
- FT - Foundation Trust
- FTE - Full Time Equivalent
- FPH - Frimley Park Hospital
- FYE - Financial Year End

G

- GI - Gastrointestinal
- GMC - General Medical Council
- GMS - General Medical Services

- GP - General Practitioner
- GRE – Glycopeptide Resistant Enterococci

H

- HAI - Hospital Acquired Infection
- HASU - Hyper Acute Stroke Unit
- HCA - Health Care Assistant
- HCAI - Healthcare-Associated Infection
- HDU - High Dependency Unit
- HEB - Hospital Executive Board
- HED - Healthcare Evaluation Data
- HEKSS - Health Education Kent, Surrey and Sussex
- HETV - Health Education Thames Valley
- HICC - Hospital Infection Control Committee
- HoN - Head of Nursing
- HSE - Health and Safety Executive
- HSMR - Hospital Standardised Mortality Ratio
- HTC - Hospital Transfusion Committee
- HWB - Health and Wellbeing Board
- HWD - Heatherwood
- HWP - Heatherwood and Wexham Park
- HWPH / H&WPH - Heatherwood and Wexham Park Hospitals

I

- I&E - Income and Equity
- IC - Information Commissioner
- ICM - Integrated Case Management
- ICP - Integrated Care Pathway
- ICU - Intensive Care Unit
- IG - Information Governance
- IGT / IGTK - Information Governance Toolkit
- IM&T - Information Management and Technology
- IPCN - Infection Prevention and Control Nurse
- IPCT - Infection Prevention and Control Team
- IPR - Individual Performance Review
- ITU - Intensive Therapy Unit / Critical Care Unit
- IV - Intravenous

J

- JAG - Joint Advisory Group

K

- KPI - Key Performance Indicator

L

- LA - Local Authority
- LCFS - Local Counter Fraud Specialist
- LD - Learning Disability
- LHRP - Local Health Resilience Partnership
- LiA - Listening into Action
- LINAC - Linear Accelerator
- LOS / LoS - Length of Stay
- LUCADA - Lung Cancer Audit Data

M

- M&M - Morbidity and Mortality
- MAU - Medical Assessment Unit
- MDT - Multi-Disciplinary Team
- MHPS - Maintaining High Professional Standards
- MIDU - Medical Investigations Day Unit
- MiG - Medical Interoperability
- MIU - Minor Injuries Unit
- MRI - Magnetic Resonance Imaging
- MRSA - Methicillin-Resistant Staphylococcus Aureus

N

- NBOCAP - National Bowel Cancer Audit Programme
- NCASP - National Clinical Audit Support Programme
- NED - Non-Executive Director
- NHS FT - NHS Foundation Trust
- NHSE - NHS England
- NHSLA - NHS Litigation Authority
- NHSP - NHS Professional
- NICE - National Institute for Health and Care Excellence
- NICU - Neonatal Intensive Care Unit
- NMC - Nursing and Midwifery Council
- NNU - Neonatal Unit
- NOGCA - National Oesophago-Gastric Cancer Audit
- NRLS - National Reporting and Learning System / Service

O

- O&G - Obstetrics and Gynaecology
- OBC - Outline Business Case
- ODP - Operating Department Practitioner
- OHD - Occupational Health Department
- OLM - Oracle Learning Management
- OOH - Out of Hours
- OP - Outpatient
- OPD - Outpatient Department
- OT - Occupational Therapist/Therapy

P

- PACS - Picture Archiving and Communications System
- PACU - Post-Anesthetic Care Unit
- PALS - Patient Advice and Liaison Service
- PAS - Patient Administration System
- PAU - Paediatric Assessment Unit
- PbR - Payment by Results
- PCI - Percutaneous Coronary Intervention
- PDC - Public Dividend Capital
- PDD - Predicted Date of Discharge
- PE - Pulmonary Embolism
- PEAT - Patient Environment Action Team
- PFI - Private Finance Initiative
- PHE - Public Health England
- PICC - Peripherally Inserted Central Catheters
- PID - Patient / Person Identifiable Data
- PILS - Patient Information Leaflets
- PID - Project Initiation Document
- PLACE - Patient-Led Assessments of the Care Environment
- PMS - Personal Medical Services
- PMO - Programme Management Office
- POD - Pre-Operative Department

- POSSUM - Physiological and Operative Severity Score for the enUmeration of Mortality and Morbidity
- PPE - Personal Protective Equipment
- PPI - Patient and Public Involvement
- PSED - Public Sector Equality Duty

Q

- QA - Quality Assurance
- QAC - Quality Assurance Committee
- QI - Quality Indicator
- QIP - Quality Improvement Plan
- QIPP - Quality, Innovation, Productivity and Prevention
- QIA - Quality Impact Assessment
- QOF - Quality and Outcomes Framework

R

- RAF - Risk Assurance Framework
- RAG - Red Amber Green
- RBH - Royal Berkshire Hospital
- RCA - Root Cause Analysis
- RCN - Royal College of Nursing
- RCP - Royal College of Physicians
- RCS - Royal College of Surgeons
- RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
- RSCH - Royal Surrey County Hospital
- RTT - Referral to Treatment

S

- SADU - Surgical Day Unit
- SAU - Surgical Assessment Unit (FPH) / Surgical Assessment Unit (WPH)
- SCAS / SCAmb - South Central Ambulance Service
- SDIP - Service Development and Improvement Plan
- SHMI - Summary Hospital-level Mortality Indicator
- SHO - Senior House Officer
- SI - Serious Incident
- SIRI - Serious Incident Requiring Investigation
- SIRO - Serious Incident Risk Owner
- SID - Senior Independent Director
- SLA - Service Level Agreement
- SLR - Service-Line Reporting
- SLT / SaLT - Speech and Language Therapy
- SME - Subject Matter Expert
- SMR - Standardised Mortality Ratio
- SoS - Secretary of State
- SPS - Surrey Pathology Service
- SSI(S) - Surgical Site Infections (Surveillance)
- SSNAP - Sentinel Stroke National Audit Programme
- SSS - Short Stay Surgical Unity
- STP - Sustainability and Transformation Plan
- SUI - Serious Untoward Incident

T

- TIA - Transient Ischaemic Attack
- TLC - Turn off, Lights out, Close doors
- TMG - Theatre Management Group
- TNA - Training Needs Analysis
- TPN - Total Parenteral Nutrition
- TTA - To Take Away
- TTO - To Take Out
- TUPE - Transfer of Undertakings (Protection of Employment) Regulations 1981

U

- UCB - Urgent Care Board
- UI - Untoward Incident
- UGI - Upper Gastrointestinal
- UTI - Urinary Tract Infection

V

- VfM - Value for Money
- VSM - Very Senior Manager
- VTE - Venous Thromboembolism

W

- WHO - World Health Organization
- WLI - Waiting List Initiative
- WPH - Wexham Park Hospital
- WTE - Whole Time Equivalent

Y

- YTD - Year to Date