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NHS Frimley Health NHS Foundation Trust

BOARD OF DIRECTORS MEETING

Meeting in Public

Friday 7th December 2018, 11:40-14:05
Board Room, Admin Block, Frimley Park Hospital

A G E N D A

TIME	AGENDA ITEM		PAPER	ACTION	LEAD
11:40	1.	**Welcome and Apologies for Absence**	Oral	-	Chairman
	2.	**Declarations of Interest**	Oral	-	Chairman
	3.	**Minutes of the previous Board Meeting held in public on 2nd November 2018**	Attached	For Approval	Chairman
	4.	**Action Log from previous Meeting**	Attached	For Action	Chairman
QUALITY					
11:45	5.	**Ward to Board - Paediatrics and Neonatal** **Chief of Service - Dr Joanne Philpot** **Supporting staff –** **FPH: Senior Matron Paediatrics and Neonates : Jennifer Lomas.** **Clinical Matron: Lois Doel (F1)** **WPH: Senior Matron Paediatrics and Neonates: Ros Rushworth. Clinical Matron: Shakeela Banno (NNU)**	Attached/ Presentation	For Information	Director of Nursing & Quality
12:15	6.	**Chief Executive's Report including;** • **Recognition and Celebration** • **Quality and Performance Report**	Attached	For Assurance	Chief Executive & Executive Directors
12:35	7.	**Quality Improvement Plans**	Attached	For Discussion	Medical Director/ Director of Nursing & Quality
FINANCE & PERFORMANCE					
12:40	8.	**Finance Report - month 7**	Attached	For Information	Director of Finance and IM&T
12:50	9.	**CIP Progress Report – month 7**	Attached	For Information	Directors of Operations
GOVERNANCE AND COMPLIANCE					
13:00	10.	**Corporate Risk Assurance Framework**	Report	For Assurance	Chief Executive
13:05	11. 11.1 11.2	**Review Minutes and Recommendations of the Board Committees** **CDIC 16th November 2018** **Audit 29th November 2018**	 Attached Attached	 To Note To Note	 Committee Chair Committee Chair

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13:10	12.	**Review of Committee Terms of Reference**	Attached	For Approval	Company Secretary
13:25	13.	**E-Governance – Fit and Proper Person Policy**	Attached	For Approval	Company Secretary
13:30	14.	**Report on the Gosport Enquiry – November**	Attached	For Assurance	Director of Nursing & Quality
13:45	15.	**Insurance Update Annual Report**	Attached	To Note	Director of Nursing and Quality
OTHER BUSINESS					
13:50	16.	**Any Other Business**	Oral	-	All
13:55	17.	**Review of the Meeting**	Oral	-	All
14:00	18.	**Questions from Members of the Public**	Oral	-	All
14:05	19.	**Date of Next Meeting** Please note change of timings for 2019: ***Friday 11th January 2019 08:30 to 11:00*** ***Board Room, Admin Block, FPH***	-	-	Chairman

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

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NHS Frimley Health NHS Foundation Trust

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BOARD OF DIRECTORS MEETING IN PUBLIC

Friday 2nd November 2018, 11:40 to 14:30

Lecture Theatre, Post Grad Centre, Wexham Park Hospital

MINUTES OF MEETING

Present:

Pradip Patel	(PP)	Chairman
Neil Dardis	(ND)	Chief Executive
Janet King	(JK)	Director of HR & Corporate Services
Nigel Foster	(NF)	Director of Finance & IM&T
Duncan Burton	(DB)	Director of Nursing & Quality
Helen Coe	(HC)	Director of Operations FPH
Lisa Glynn	(LG)	Director of Operations WPH
Tim Ho	(TH)	Medical Director
Mark Escolme	(ME)	Non-Executive Director
Dawn Kenson	(DK)	Non-Executive Director
Ray Long	(RL)	Non-Executive Director
Mike O'Donovan	(MOD)	Non-Executive Director
Thoreya Swage	(TS)	Non-Executive Director
John Weaver	(JW)	Non-Executive Director
Rob Pike	(RP)	Non-Executive Director

Apologies:

In Attendance:

Lee Jones	(LJ)	Director of Communications, Marketing and Engagement
Alison Kirkpatrick	(AK)	Chief of Service - Maternity and Gynaecology
Amy Olley	(AO)	Associate Director of Women's and Children's Services
Andrea Anderson	(AA)	Deputy Head of Midwifery, WPH
Danielle Perkins	(DP)	Deputy Head of Midwifery, FPH
Balvinder Sago	(BS)	Labour Ward Lead Consultant, Obstetrics and Gynaecology, WPH
Louisa Tucker	(LT)	Midwife, WPH
Rhiannon Grindle	(RG)	Midwife, WPH
Emma Villea	(EV)	Midwife, WPH
Seb Barnett	(SB)	Midwife, WPH
Susanne Nelson-Wehrmeyer	(SNW)	Company Secretary
Kevin Jacob	(KJ)	Assistant Company Secretary (minutes)
Caroline Gayler	(CG)	Committee Administrator

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**	
a.	The minutes of the previous Board meeting held in public on 5 October2018 were approved as a correct record subject to the following amendments: • Page 4 JK - 100% compliance under 4c. Reword to clarify that this meant compliance with the appraisal target. • Page 3 Angela Ballard to be added to the list of attendees. • 17 - JK 13.b last sentence – replace 'oversea' with 'oversee'.	
4.	**Action Log from the Previous Meeting**	
a.	**1 September 2017 - 18.e Meeting Review** PP to undertake a review of board papers and work with the EDs to make the papers fit for board. Pradip Patel. Complete by end of March 2019.	
b.	**5 January 2018 - 18.e Meeting Review and 4 May 2018 -20.c Meeting Review** DB to reflect on the comments made in order to find the optimum format for consistency of Ward to Board session and the reports produced for this. DB to finalise this action including possible inclusion of non-ward teams within the Ward to Board schedule. UPDATE: Ward to board was being refined and any changes would be implemented from January 2019. Duncan Burton. January 2019	
c.	**4 May 2018 - 17.f Staff Appraisal** A report to be produced (broken down by directorate) showing compliance rates and submitted to board in November. Janet King. 2 November 2018 - on agenda complete	
d.	**7 September 2018 - 10.c Capital Investment Programme Update** Plan guided tours for staff and key stakeholders around the new EAC in Wexham Park. Janet King. End of March 2019	
e.	**5 October 2018 – 6.e 5th bullet Chief Executive's Report and QPR** ND to include reference to possible learning's from other ICS pilot areas to the next QPR in respect of performance or patient pathways following attendance at a Kings Fund conference. Neil Dardis. 2 November 2019 – on agenda, action complete	
f.	**5 October 2018 – 6.f Chief Executive's Report and QPR** HC to update the board on stroke performance after a few months so it could be assured on improvements to performance. Helen Coe. March 2019	
g.	**5 October 2018 – 7a 3rd bullet Theatres Action Plan September 2018** The QAC meeting in December 2018 to consider the evidence that the actions had been completed including the audit results so that it could give assurance to the board. Duncan Burton/Mike O'Donovan. QAC meeting on 12 December 2018	
h.	**5 October 2018 – 8.c Quality Improvement Plan as at September 2018** TH to present the outcomes of changes to arrangements for hospital at night including MET/NEWS calls and number of unplanned escalation type events to QAC in early 2019.	

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	Tim Ho. First Quarter 2019	
i.	**5 October 2018 – 10.b 2018/2019 Cost Improvement Plan (CIP) Summary – month 5** Recovery plan numbers relating to CIP to be folded back into the CIP data and separate reference to the trust wide recovery plan actions within the relevant future reports. Helen Coe/Nigel Foster. 2 November 2019 action complete.	
5.	**Ward to Board – Maternity and Gynaecology**	
a.	The Ward to Board was presented by; Amy Olley, Associate Director of Women's and Children's Services Alison Kirkpatrick, Head of Service Andrea Anderson - Deputy Head of Midwifery, WPH Balvinder Sagoo, Labour Ward Lead Consultant, Obstetrics and Gynaecology, WPH AO and AK highlighted the following successes of the Maternity and Gynaecology Team over the previous 12 months. • Successful opening of the new Wexham Maternity building in January 2018. • Staff had worked extremely hard to maintain service whilst the bulk of the building works was taking place. Work had continued to the postnatal ward to bring the standard of the environment to the same level as the main maternity unit and to maintain levels of care and pathways. • Successful alignment of senior midwifery staff with the same top structures on each site including bereavement and IT midwives on each site. • Recruitment of two consultant midwives recently. • Appointment of a cross site governance lead continuing the drive for more collaborative working across the sites and there has been good levels of engagement • Establishment of a local maternity system over the previous 18 months and more joint working between commissioners and providers. Five pieces of work were on-going, focussing on areas such as preconceptions, safety, workforce and choice/personalisation of maternity services. • The Trust had worked with Health Education England on work force planning to create a more sustainable workforce for the future which had included a development programme. • Nine research studies had been undertaken or were in progress. • The team had met targets at both Frimley Park and Wexham Park relating to cancer services in gynaecology. • There had been significant improvements to the experience of gynaecology patients who had surgical management of their miscarriage on the Frimley Park site by incorporating their care onto planned surgical lists rather than emergency lists. This had resulted in a better pathway and experience and an example of this was that it was now possible for such patients to stay on the day surgery unit and for their partners to be with them in a private setting during their care. • The team was very proud of the new to follow up ratios on the Wexham Park site which were well above the expected trajectory. • Work on preventing serious perineal tears during childbirth was in progress. • A dramatic reduction in the number of emergency C-sections at Wexham Park Hospital which had traditionally been well above the target level. • One to one care during labour had been maintained on the labour wards which was	

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	a real achievement, given the midwifery staffing challenge at Wexham Park. • Midwifery staffing was at target at Frimley Park at one midwife per 30 births. At Wexham Park it was one midwife per 33 births which reflected the vacancies on that site. • Appraisal rates, particularly amongst non-medical gynaecology staff were around 90% which was good. Appraisal rates for maternity staff were improving, but remained a challenge due to the size of the maternity workforce. • The performance dashboard allowed for trends to be identified quickly and following an increase in rates of readmission after gynaecological surgery the opportunity was taken to undertake an audit and change the educational information given to women on how to care for themselves and also to look at whether there were any lessons in terms of wound care that could be applied from the way women who were discharged following a C-sections were managed. • Work had been undertaken on both sites to examine if there were any themes behind incidences of babies born in poor condition which required transfer to other services because of potential brain injury. An issue had been identified on the Wexham Park site in the transfer of women from the antenatal to labour wards. Since the completion of the new build a lot of attention has been given to refocusing the key messages and the review of the pathway to reduce the issue. • There had been a small spike in the number of large bleeds at Wexham Park Hospital which had been reviewed. Whilst the % figure was large, this needed to be seen in context of the absolute numbers of bleeds rising from 2 to 4 in a month. The majority of the incidents related to complicated C-section deliveries and as expected the rate had since reduced back to normal levels. • The Electronic Referral Service, (ERS) in gynaecology which generated work from GPs was also being looked at, as it impacted on the ability of the team to triage patients into the right clinic at the right time. There was more work to be done to ensure the new system worked in the best way possible. A0, AA and AK highlighted the following challenges faced by the service;	
b.	• Staffing remained difficult. At consultant level the service was nearly at full establishment with two new consultants starting at Wexham Park Hospital in January 2019. Recruitment at Registrar level remained more challenging. • The service was to refocus on the recruitment of specialist nurses in gynaecology following a similar model to the restructure of the senior midwifery team. • Information technology remained an on-going challenge as the maternity information systems on the Frimley Park and Wexham Park site were different. • There was a national shortage of ultra-sonographers which constrained the Trust's ability to offer the number of ultrasounds that pregnant women might want. This would require creative thinking, including looking at the pathway of care and who undertook the particular tasks needed to see if they could be undertaken by different staff. • The number of gynaecological referrals was increasing, including for cancer two week waits and outpatient hysteroscopy • Unfortunately there was an on-going drainage problem on Ward 20 at Wexham Park Hospital, where sewage leaked onto the ward. Estates had responded quickly and effectively in dealing with blockages when they occurred, but it did mean that the environment was not always of the right quality. • Ward 20 was also quite large and often cared for patients who were medical outliers which had a negative effect on staff morale, as staff were nursing in an environment	

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	that was outside of their specialist area. It also impacted on the ability to run the Gynaecological Assessment Unit at Wexham Park. At Frimley Park the operation of an assessment unit had resulted in a significant reduction in the number of emergency admissions, but at Wexham Park the number of emergency admissions remained significantly higher, which was linked to the inability to see and treat as many women as possible without admission. • Recruitment of nurses was also a big challenge. Universities were being visited to increase awareness of the Trust's preceptorship programme and the maternity and gynaecological service was joining the healthcare assistants programme with a number of healthcare assistants due to join the service. Targeted Facebook and Twitter recruitment campaigns were on-going for newly qualified midwives and this was beginning to generate enquiries amongst trainee midwives coming towards the end of their training. • Tailored adverts were being run to recruit into the community midwives area as it was recognised as a particularly hard to recruit group. • The first nurse associate was currently in training as part of the move to look at different ways of working in the future and in light of the national shortage of midwives. • The Trust had joined the Maternity and Neonatal Safety Collaborative which was intended to support the Maternity Transformation Programme and better births by assisting maternity care providers and commissioners to improve clinical practices. An improvement plan for waiting times in maternity assessment centres was under development. The service had the following requests:	
c.	• To progress the delivery of a common maternity IT system across both sites and meeting had been held with the Interim CIO on this. • To move towards the provision of digital/handheld record for patients. • A robust cardiotocography (CTG) system. • To develop the gynaecological service on the Wexham site in light of the number of medical outliers along the lines of that in place at Frimley in order to reduce emergency admissions. Questions and discussion followed from the board:	
d.	DB commented that he had been privileged to have time with the breast feeding team recently, as the Board's breast feeding champion, as his understanding was that women had highlighted breast feeding as on-going concern. He asked what the Trust should do as an organisation to become more breast feeding friendly. AA responded that a lot of work was being undertaken including working with Unicef to get breast feeding accreditation and for breast feeding to be regarded as a natural process and to facilitate this on the hospital sites. Frimley Park had full accreditation whereas Wexham had level one and the intention was to align the two sites. Examples of the various initiatives in progress were provided to the Board.	
e.	MOD referred to the workforce pressures affecting the service and the various initiatives mentioned to seek to mitigate this. He asked what the additional value of taking part in the NHS England Sustainable Workforce initiative would be over existing measures. AK and AO responded that there was a national recruitment issue for obstetrics and gynaecology with 88% of rotas around the country having gaps. One of the roles of the workforce initiative was to look at whether there were tasks currently being undertaken	

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	by one set of professionals that could be done by another. From a medical perspective, the skill set was quite specific at registrar level or above because the professional had to be able to deliver a baby that was not delivered by natural birth under the care of a midwife. However, across the world non-doctors were delivering babies via C-section and this might be a future option for the United Kingdom. Work life balance was also a challenge given the need for out of hours working, which led to high number of staff dropping out of training. Patients also wanted to see the same midwife throughout their pregnancy. In addition there was a need to reduce the time spent by midwives on admin and data entry tasks which was around 20% of their time currently. This might be achieved by greater use of maternity support workers. AK outlined how she felt more flexible working patterns might assist with recruitment and retention.	
f.	MOD asked the team whether Health Education England, (HEE) was sufficiently addressing these challenges and if they were not, whether the Trust might pilot new ways of working itself. AO responded that she felt that HEE were addressing the challenges and that the Trust had been working with them around patient pathways including the possibility of moving appropriate maternity and gynaecological services to primary care.	
g.	HC referred to the different results on hand hygiene between the Frimley and Wexham sites and that Frimley appeared to be audited on a monthly basis whereas Wexham was on a quarterly basis. She asked for reassurance that the 100% score achieved in October would be maintained and also drew attention to the level of clinical lead attendance at the monthly HICC meetings and levels of annual infection control training amongst consultants. AK responded that the table shown only captured data at a point in time. Not all training had been accurately captured on MAST, but this had now been corrected. With regard to attendance at HICC meetings AK responded that she nominated a particular consultant to attend due to working shift pattern. There was currently a need for a representative from both sites to attend but she would like to move to one Obstetrics and Gynae rep to cover both sites. AO added that midwife attendance had been challenging on the Wexham Park Hospital site. This was managed by sending a midwife from one of the maternity and Gynae wards to represent all of midwifery along with one of the deputies and Emma Luhr. She felt there was a need to challenge how the data was collected by midwifery area. AO also confirmed that hand hygiene compliance was audited on a monthly basis at Wexham.	
h.	RP commented that during the summer he had done a quality walkabout on the Wexham maternity and gynaecology site and he had been really impressed by the positive attitude shown by staff during the building works which was causing a lot of disruption. He also reported having received many positive comments from the public about maternity on both sites and as a member of the Board this made him very proud.	
i.	DK referred to the high rate of turnover of staff and asked if there was a reason for this and whether there was more the Board could do to assist. AA responded that some of the turnover related to retirement as many midwives were approaching this stage of life. Other people had moved on for promotion. AO added that she felt that the restructure of midwifery had created a new clear career pathway for midwives, with more people in the right roles, although it was acknowledged that there had been some staff losses arising from the restructure itself which was expected. Sickness was also an issue, with remaining staff working harder in a context of increasing birth rates on the Wexham Park site, driven by the positive reputational benefits of the new build and staff culture.	

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	Health and wellbeing for staff was something the Board could help with. AK also referred to Inner London weighting available in some nearby Trusts as a potential draw for some newly qualified midwifery staff. This meant the Frimley offer to staff had to be attractive and also staff had to be well supported.	
j.	ND commented that he was delighted to hear the excellent progress made and it had been right to focus on the Trust's people. Although some 500 staff had been recruited so far in 2018, some 580 had left so there was more the Trust needed to do to value its staff including thanking people more when they do a good job and celebrating successes	
	Recognition and Celebration	
k.	ND paid tribute to Louise Tucker, Seb Barnett and Rhiannon Grindle and outlined that this followed a citation from a patient who had a baby at Wexham Park in June 2017. The patient had faced OCD and extreme anxiety during pregnancy and childbirth and had highlighted that she had been treated with respect, kindness and dignity by the team.	
l.	PP commented that he felt that there were certain departments in a hospital that were unique and maternity and gynaecology were examples of this. The citation where the mother had been helped through what had been a very difficult time, demonstrated the complexity and importance of what maternity did. It was sheer hard work and this made the care delivered by the Wexham staff during the rebuild even more impressive. There were lots of challenges, workforce being one and if the solution was to change the skill mix then this should be pursued. He concluded that the Board was proud of all the maternity and gynaecology staff and asked that the Board's thanks be conveyed back to all the staff.	
6.	**Chief Executive's Report**	
a.	ND paid tribute to the work being undertaken in preparation for the expected CQC inspection and the high level of commitment to the process being shown by all staff. There was a strong sense that staff wanted to talk about areas that they felt could be improved further, but also highlight and celebrate the many achievements of the Trust.	
	Quality and Performance Report	
b.	The Chief Executive provided an overview on strategy, partnership working, performance and achievement for the previous month along with the Quality and Performance Report for September 2018 as set out in the Agenda. He noted the following; • A number of sessions had taken place over the previous month both internally and externally to progress the work on developing our future strategy for the Trust taking into account national policy and the local demographics. Work was nearly complete on the future clinical strategy as well as engaging staff, key stakeholders, the public and patients. • The new Secretary of State for Health had indicated that there would be a focus on digital technology in the NHS and the Board was due to review our digital plans in due course. • Work by the CQC, Kings Fund and NHS Providers around the long term financial future for the NHS. This was focussed towards aligning finances to quality improvement and to move away from traditional short term cost cutting which aligned well with the Trust's own strategy work.	

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	• Work around granting Frimley Integrated Care Systems, (ICS) greater autonomy • Work was underway around how the ICS engaged with local authorities given the importance and impact of areas such as education, social care, housing and employment on the wider determinants of health. It was recognised that this was an area that the ICS could improve on. • Performance – there was a tension between managing today and planning for future. There was continued good performance around referral to treatment, cancer and infection control, but other areas such ED performance needed to improve. • Ambulance handovers had improved from an outlier position and there was a real focus on standards and pathways including length of stay. • Finance remained challenging. Although better than forecast there were still gaps to close to achieve targets for the year end. There was a focus on areas that were known to be challenging such as agency spend. • Retention of staff – a 'helping you to stay' programme and campaign had been launched and there was a need to learn from best practice and external benchmarking. • Planning for the opening of the new Emergency and Assessment Centre, (EAC) at Wexham was progressing well • Achievements in the report included speciality leads for medicine taking on cross site roles as the Trust integrated its services further and the work undertaken by the rectal cancer team on research and development. Questions and discussion followed:	
c.	MOD commented that despite a great deal of work, time to hire new employees had remained stuck at around 53-54 days. He asked what could be done to reduce the time further. JK responded that the TRAC recruitment system provided data on exactly where any delays affecting recruitment were occurring. Most delays occurred at the short listing stage where on occasion, a manger would have a substantial number of candidates to review. It might be possible to identify managers who were consistently slow in shortlisting and for HR to work to support them, for instance by the HR Business Partner taking a first cut of the applications. JK acknowledged that this was a difficult challenge to overcome.	
d.	RP referred to staff retention. There had been press coverage recently about London hospitals making additional payments to EU staff. He asked whether the Trust was planning to do the same. JK responded that there were no plans to do so. RP asked whether the Trust was in danger of losing staff as a result. JK responded that the additional payment mentioned was £65. The Trust had decided to focus on helping candidates to stay by offering them practical support with the indefinite leave to remain application process. JK added that following analysis it was a myth that staff were going to London on the basis of greater pay. A minority of staff left the Trust for trusts in or closer to London, but the vast majority of staff moved to neighbouring trusts.	
e.	RP suggested that it was more of an issue around the psychological message and impact of being seen to 'care more about EU staff'. JK responded that there were some workshops planned with overseas employees to give additional reassurance.	
f.	Ray Long asked how prepared the Trust was in the event of a no-deal Brexit and what the scale of the challenge might be? ND responded that work was on-going on the issues involved as part of the Trust's business continuity plan and this would be brought back to the Board at a later date. PP agreed that this was an important issue for the board so it	

	would be good to schedule proper time for this supported by a paper on Trust's plan.	
g.	TS referred to delayed transfers of care which she recognised was a difficult challenge to overcome. She asked how confident the Trust was that it could tackle the issue in the context of the winter period. LG responded that in the north of the Trust's catchment delayed transfers was unfortunately increasing and in October had been 10%. There was still quite a way to go to work towards national target of 3.5%. A number of step changes had been made around the support the Trust might be able to provide to patients living at home in South Buckinghamshire to try to bridge any gaps in care. The local clinical commissioning group, (CCG) had agreed to fund care support integration and the Trust was working with them around the implementation of this.	
h.	LG added that across Frimley Health, two models for dedicated focus for complex discharges had been developed and these would be reviewed at the end of March 2019 to see which model worked best across the whole of the system. At Wexham Park, the Trust was working in partnership with another organisation to provide the support. This programme had started in the middle of October and had already supported 17 patients to safely transfer out of the organisation, saving 102 bed days. At Frimley Park there was a dedicated person on site. Although the changes would probably not be enough to achieve the national target, they were moving the Trust's performance in the right direction.	
i.	RP added that delayed transfers had been raised by Paul Henry, the Trust's public governor for South Bucks on a recent ward walkabout. The Board **noted** the report.	
7.	**Quality Improvement Plan (QIP) as at October 2018**	
a.	TH presented the Quality Improvement Plan for October 2018 which set out the key quality and patient safety risks identified and the actions being taken to mitigate those risks. The following issues were highlighted: • Recruitment and Retention continued to be a significant issue. Money spent on booking locums was monitored on a weekly basis and the Trust was being more efficient. There was a big drive, particularly within medicine to reduce the number of long terms locums. • Sepsis. A cross site lead had been appointed to drive this forward • Hospital at Night/Clinical Handover. The Lead Clinician for Patient Safety on the Wexham site was leading a cross-site review. A Lead clinician had also been appointed on the Frimley site to look at acute admissions. • There had been a 27% reduction in E.coli bacteraemia and 8-9% reduction in urinary catheter use compared to April-September 2017 and the Trust was now seen as national leader in this field. • Complaints. Cross site work was in progress on complaints and there had been significant improvement at Frimley. • Rates of flu vaccination for staff had reached 45% after one month and the campaign was going well. It was intended to exceed the 75% target set by NHS England.	
b.	MOD noted that an audit around consent was to be undertaken and he asked when the	

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	results would be available. TH indicated that this was work in progress and he would respond to MOD with a timeline after consulting with DB. The Board **noted** the report.	**TH**
8.	**Finance Report – month 6**	
a.	NF present the report as set out in the Agenda and highlighted; • The Trust had achieved the ED four hour target for Quarter 2 and had established that as a consequence the Provider Sustainability Fund, (PSF) monies for Quarter 1 could also be claimed. This amounted to £1.2m of PSF money. • CIP report and overall forecast. The recovery tracker had now been built into the CIP report. £9.2m had been shown as income. £2.8m was where departments had overspent their budgets and subsequently taken actions to reduce expenditure to get closer to their original budget. • An additional £1.5m of CIP had been added • The forecast remained that the Trust would deliver its overall control total but there were risks to this as set out in the report. An additional £2.4m of expenditure reduction was required and all the departments still had to meet their forecasts and further mitigation was needed from ICS colleagues. • A new table showing bottom up directorate forecast risk had been added to the report. It was important that the focus on the delivery of budgets by departments continued.	
b.	PP reminded the Board that NF had been very diligent along with RP as FAC Chair in flagging the significant risks to the Trust's financial position from the beginning of the financial year.	
c.	DK noted that there had been delays with coding and asked whether this was being addressed and whether there was a trajectory to get to the desired position. NF responded that the amount of coding outstanding was being reduced gradually, but that he could not give a trajectory. The size of the gap was still quite large. DK asked whether more resource needed to be applied. NF commented that the coding team had given consideration to bringing in more staff, but that it was important to emphasise that by the point that the coding window closed, the number of un-coded episodes was very small and very little income was actually lost. ND added that he had asked for a session to focus on this at the next Hospital Executive Board around capacity and demand, the coding process, whether the Trust had got over the impact of EDMS and the ability to integrate coding with clinicians and patient pathways. The Board **noted** the report.	
9.	**Cost Improvement Programme (CIP) Progress Report**	
a.	HC presented the update for month 6 as set out in the Agenda and highlighted; • A CIP of £1.759m had been achieved for month 6 against plan of £2.3m, which was a negative variance of £541,000. • Year to date, the Trust was at 80% achievement, just over £11.3m against a plan of	

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	£14.3m • Forecast for CIP delivery at year end was £25.2m against a plan of £31m. • Weekly CIP meetings were being held with Associate Directors to focus on the programme and recovery actions. • Main areas of concern included theatres utilisation and theatres non-pay overspend, waiting list initiatives, ED nursing and medical model adherence. • There had been an effort to reduce bank rates, but there was some indication that this had resulted in a reduction in the number of people taking up bank. • Waiting list initiative rates had reduced. • 10 schemes totalled 83% of CIP so focus was on delivery of these schemes. The Board **noted** the report.	
10.	**Corporate Risk Assurance Framework**	
a.	PP introduced the Corporate Risk Assurance Framework report as set out in the Agenda. The Board **noted** the report.	
11.	**Review Minutes and Recommendations of the Board Committees**	
a.	**11.1 Charitable Funds - 6 September** MOD referred to the minutes as included in the Agenda and highlighted the following; • The Stoke Appeal at Frimley Park had received a donation of £200,000 which was of major assistance towards the appeal's revised fundraising target. • The Children's Critical Care Appeal at Wexham Park Hospital had reached its target and ideas for a new appeal at Wexham were being sought. • There had been a good start to Frimley Health Lottery with sales currently ahead of target since its launch in August.	
b.	**11.2 FAC - 31 October** RP wished to emphasize that the failure to achieve financial stability was rated as a 'purple' risk on the Trust's risk assurance framework, which was at variance with the assessment in the Finance report that the Trust would hit its control total forecast. The role of the FAC was to provide the Board with assurance around the Trust's finances and he felt that this had been achieved by the Committee in so far as it had undertaken a through and detailed examination of the Trust's finances.	
c.	A real challenge for the Trust was around the current £2.4m shortfall as at present there was not a clearly articulated plan on how to bridge the gap. Inability to catch up on the CIP programme was another risk and it needed to be taken into consideration that the Trust had already taken a number of non-recurrent financial measures such as stock transfers to seek to improve the financial position. Deficit support was also coming to an end. This meant that the issues were only effectively being deferred to the next year and in his view CIP alone would not be enough to bridge the gap and something different was required.	
d.	The Committee could give assurance that the Trust's Executive Team were working extremely hard to bridge the gap, but it could not give an assurance that a detailed plan was in place to close the gap.	

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e.	After a short discussion on the financial challenges the Trust faces it was agreed that outside of the meeting RP and NF should discuss how the FAC meetings could best be structured so as to look forward whilst interpreting the relevant historical financial information.	
12.	**Appraisal & MAST Update**	
a.	JK presented a report as set out in the Agenda which reviewed the current position with regard to appraisal compliance and performance for the period covering October 2017 to September 2018. The Board had previously asked for an update at mid-point in the financial year. The following points were highlighted; • Latest appraisal information available indicated that the percentage of completed appraisals had risen from the 74% as stated in the report to 83%. However, as this was not yet confirmed it was appropriate to assume that the performance of 74% was below the target of 80%. • The number of appraisals that would be required for the target to be met was 772. • There had been improvements in appraisal rates and the appraisal process had been refreshed and simplified from April 2018 which had been well received by managers. • A challenge for HR was that it was difficult for HR to know who had undertaken appraisal as HR did not have this information below Associate Director Level. • HR sent out weekly reports to senior managers on compliance. The bottom 10 departments were targeted and HR met with them to support them in improving their compliance. • Quality of objective setting was disappointing. Analysis showed that many were job description focussed rather than developmental. More work needed be done on this and to build in organisation wide objectives. This was part of the wider piece of work looking at the Trust's strategy. Better capturing an individual's view on development and potential was another area that needed to be looked at. • There were some changes to the appraisals process as result of Agenda for Change. The most significant change was that from April 2019 employees, who have not had an appraisal, would not get an automatic incremental pay progression. In order for this to be implemented there was a need to make the system as slick and easy to use as possible. • With respect to appraisals for groups with protected characteristics, the only issue to bring to the Board's attention was in respect of lesbians who appeared less likely than other employees to have had their appraisal completed. However, the sample size was too small to come to a conclusion on this. Appraisal rates for other protected characteristic groups were broadly in line with expectations.	
b.	Questions and discussion followed: RL commented that when he had previously raised the issue of appraisals for protected characteristic groups this had been from a concern around the numbers that had not had an appraisal.	
c.	DK commented that when the Performance and Remuneration Committee had looked at appraisals in 2017, it had requested that actual numbers be shown in the report to make it easier to compare the performance of departments. JK agreed to implement this.	**JK**
d.	DB referred to the work around appraisal and asked whether there was an expectation around the maximum number of appraisals an individual manager should undertake. This	

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	was important in the context of improving appraisal rates, because a situation where a ward sister was appraising all of the nursing staff on a ward needed to be avoided. JK responded that she could not recall if a maximum number of appraises was stipulated in the policy, but the point was a valid one and HR were mindful of the burden of work. Some departments actually blocked out specific days to undertake appraisals.	
e.	There a short discussion on the optimum number of appraises per manager and it was felt that the figure was ~ 1 to 7. JK indicated that she would investigate further.	
f.	JW indicated that his concern was that appraisal completion was a symptom, but not the cause of an underlying problem and there was a danger of only trying to treat the symptom. The behaviour change the Trust wanted was for managers to give regular and meaningful feedback to their staff to enable them to be at their best. In his view a punitive approach on the pay review could be toxic. Although it might produce 100% appraisal completion there was a risk it would destroy what really needed to change. He strongly welcomed the idea of capturing potential of employees, but was inclined to think this should be disengaged and kept separate from the main appraisal process. It could be a very positive thing as potential was about what an individual could achieve and he felt this should be explored. JK responded that this was being considered as part of the piece of work around succession planning and talent management and she explained the process that was to be followed in future.	
g.	RP added that research he had undertaken indicated that performance and potential were generally looked at separately and plotted on separate matrices. He asked whether an employee would count towards the appraisal statistics if they had not been in post for 12 months, as otherwise the data would not be accurate. In addition his experience was that many organisation set crude bell curve measures around expected levels of outstanding performers, satisfactory performers and those below expectation and raised the bar over time. JK responded that the Trust's had considered distribution curve but felt that it would lead to the wrong behaviours. JK also confirmed that staff with less than 12 months service counted in the statistics.	
h.	DB referred to the 'Helping you to stay conversations' and that this would be a useful opportunity to gather intelligence around whether relevant conversations had happened as part of the appraisal process to track back and see if a resignation could have been potentially avoided. JK indicated this was a valid point. She referred to the establishment of the new People sub-committee of the Board and that this could be the subject of a paper to that Committee.	
i.	PP concluded the discussion by stating that making sure every member of staff had an appraisal was very important. The Trust owed it to its staff to provide regular feedback and the annual appraisal was the formal mechanism to achieve this. In his view, the target for appraisal compliance needed to be 100% and this was not a HR responsibility but it was the responsibility of line managers and they should be penalised for non-compliance and not the individual. He also felt that appraisals and potential discussion were very different and should not be combined. He suggested that given the importance of this whole topic, it should be considered further by the People Committee in light of the report and the comments made by the Board. JK supported this.	**JK**

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13.	**Senior Information Risk Owner Report**	
a.	NF presented the quarterly report as the Trust's Senior Information Risk Owner report. He highlighted the following points: • In future the report was to be produced on a biannual basis. • The number of Data Protection Requests being lodged had increased to around 6,000 per year from individuals or solicitors wanting extracts from patient records. • Charges had been abolished and timescales for responses had reduced which had increased the workload on the information governance team. There had been no increases in staffing but the team were still coping really well. • The Trust had 285 different IT systems which represented a significant challenge to monitor and keep on top in IG terms. In future, the team was going to have a more targeted approach across the Trust. • The IG team were working with other IG colleagues across the Thames Valley and partner organisations to make sure information sharing was safe and secure.	
b.	Questions followed; JW commented that the report indicated that there had been no serious incidents relating to information governance which appears to contradict the information in the SIRI report.	
c.	JW referred to the system risk rating and that 60 systems had been identified as high risk. He asked for assurance around how quickly the risks to those systems would be closed down. NF responded that work in this area was linked to the further work on the digital strategy and the speed with which the Trust could move away from high risk systems. There were a small number of very old systems that do not have the kind of IG controls that would be incorporated with a new system.	
d.	With respect of the reporting of IG events as serious incidents, DB clarified that a number of IG incidents had been reported in April, but related to incidents that had occurred in the previous financial year.	
e.	PP asked the thanks of the Board to be conveyed to the IG team for the enormous amount of work they undertook.	
14.	**Patient Experience Annual Report**	
a.	DB presented the Patient Experience Annual Report as set out in the Agenda which provided the Board with assurance on achievements on patient experience and a summary of emerging themes. He highlighted the following:	
b.	• The governance structure on patient information and standardisation needed to be strengthened across the Trust to reduce site specific differences. • National survey on cancer patient experience had only just been released and the Cancer Board would pull together the action plan to address any issues. • Dementia coordinators had been funded by the Frimley Health Charity who had now started with the Trust. The impact of this was already being felt in terms of providing activities for patients with dementia and DB outlined his experience of visiting Ward 17 at Wexham Park where staff had reported patients were much calmer as a result. Pictures of this could be seen on Twitter and the overall impact could not be	

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	underestimated. • The number of volunteers had continued to grow and we now had 520. This was great for the Trust and patient experience and it also provided volunteering opportunities for people that might otherwise be socially isolated which was a significant health concern. A charitable bid was to be submitted to help support the volunteer programme. • There had been a reduction in the number of PALS contacts. This could be seen positively as it could indicate that staff were dealing with issues locally. However, the Trust wanted to be confident that it was not because people were not aware of the service and a number of steps had been taken to try and raise awareness of the location of the PALS offices. • With respect to complaints, the number of referrals to the Health Service Ombudsman had remained the same, but there had been one case where it was concluded that there was a failure in the complaints process. • Priorities going forward included working in partnership with the wider integrated care system around avoiding duplication of patient engagement work or fatigue with different groups trying to undertake work with the same groups of people. • Patients needed to be at the heart of ICS around service redesign. Questions and comments followed:	
c.	ND commented that the examples of triangulating data were great and that more of this kind of work should be undertaken and embedded. The Board needed to give consideration to how this could be done more in future. It was also important to embed engagement into the strategy work being undertaken around the Trust's vision and for patients to be at heart of the design of services.	
d.	ND also commented that he felt that there was more the Board could do to capture the patient voice at the Board. This did not necessarily mean the traditional use of patient stories, but options needed to be explored.	
e.	MOD commented that it was a great endorsement of the volunteers at Wexham Park Hospital that they had been entered for the Queen's award and this demonstrated the great improvements that had been made since the acquisition.	
f.	LG commented that the report referred to the activities of volunteers, but asked if consideration was given to what the Trust could do in terms of assisting support groups. DB conceded this was a valid point and although there were great examples of support group activities around the Trust it was not consistent or visible enough.	
g.	PP concluded that he was aware that the Head of Patient Experience and Deputy Director for Nursing and Quality at Wexham Park had ambitious plans around patient experience and engagement and he had been pleased that they had sought his advice on a proper strategy. He also encouraged them to seek input from the Patient Experience and Involvement Group of the Council of Governors.	
h.	PP paid tribute to Mike Stone, Voluntary Services Manager for the excellent work he was doing with volunteers and PP was working with him around the nominations for the Queen's award. The Board **noted** the report.	

15.	**Review register of interests**	
a.	The Board considered the current register of Board Interests.	
b.	RL indicated that since the publication of the Agenda he had updated his interests and therefore the register needed to be updated to reflect this.	
c.	DK indicated that her NED memberships should be shown in the 'other interests' column as they did not relate to private companies.	
	Subject to these amendments the Board **noted** the Register of Interests.	**SNW**
16.	**Review register of gifts & hospitality**	
a.	The Board **noted** the Register of Gifts and Hospitality.	
17.	**Any Other Business**	
a.	JK reported to the Board that Ted Sherwell, a former Governor had passed away. Mr Sherwell had been just short of his 98th birthday and had been a governor up to his 94th birthday. JK commented that that he had a gift for asking the most insightful question in the nicest way possible. Details of the funeral arrangements were available from JK.	
b.	RP referred to the sewerage problem with the Women's unit raised by the maternity and gynaecology team. JK indicated that this was still to be resolved, but an alarm had been added to the affected drain.	
18.	**Meeting Review**	
a.	HC commented that she felt that it would be helpful for more guidance to be provided to teams attending for the Ward to Board item. It was noted that there was work in progress around this and draft guidance had been produced.	
19.	**Questions from Members of the Public**	
a.	Rod Broad commented that the Board's discussion on the appraisal was really exciting as this was the first time he could recall the Board having a discussion about capturing the future potential of staff. He felt that it would a positive development if it was handled correctly, but could also be a negative if that was not the case. He asked that when the matter was considered by the People Committee if there would be scope for functional speciality development and leadership development to be split as they were separate lines. PP indicated that this would be picked up JK as part of the work to be undertaken by the People Committee, and agreed that it had to be handled correctly.	
b.	Rod Broad also commented that Chief Executive's report made reference to financing costs of £5m over target by year end, but that in the Finance report it was an exceptional item. He sought clarification on whether this was because of an increase in capital expenditure driving up borrowing. NF agreed to discuss this further with Rod outside of the meeting.	

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c.	Mary Probert, as Chairman of the Patient Experience and Involvement Group, very much welcomed the Patient Experience report. In her time as Chair of the PEIG she had seen a trend of improvement in patient experience.	
d.	With regards to discharge planning, she commented that Healthwatch Surrey had recently produced a discharge planning checklist for patient developed as part of the Heartlands ICS. She indicated she would share this with DB.	
e.	A member of public expressed their thanks to all staff working under intense pressure.	
20.	**Date of the Next Meeting**	
a.	Friday 7 December 2018, Board Room, Admin Block, Frimley Park Hospital	

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

Name:	Pradip Patel
Signature:	
Date:	

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NHS Frimley Health NHS Foundation Trust

BOARD OF DIRECTORS MEETING – PUBLIC

Friday 7th December 2018

ACTION LOG

AGREED ACTION	LEAD	END DATE
4 May 2018 - 17.f Staff Appraisal A report to be produced (broken down by directorate) showing compliance rates and submitted to board in November.	Janet King	Completed-2 November 2018
5th October 2018 – 6.e 5th bullet Chief Executive's Report and QPR ND to include reference to possible learning's from other ICS pilot areas to the next QPR in respect of performance or patient pathways following attendance at a Kings Fund conference.	Neil Dardis	Completed-2 November 2019
5th October 2018 – 10.b 2018/2019 Cost Improvement Plan (CIP) Summary – month 5 Recovery plan numbers relating to CIP to be folded back into the CIP data and there would be separate reference to the trust wide recovery plan actions within the relevant future reports.	Helen Coe/ Nigel Foster	Completed-2 November 2019
ACTIONS IN PROGRESS		
1 September 2017 - 18.e Meeting Review PP to undertake a review of board papers and work with the EDs to make the papers fit for board.	Pradip Patel	Complete by end of March 2019
5 January 2018 - 18.e Meeting Review and 4 May 2018 -20.c Meeting Review DB to reflect on the comments made in order to find the optimum format for consistency of Ward to Board session and the reports produced for this. DB to finalise this action including possible inclusion of non-ward teams within the Ward to Board schedule. UPDATE: Ward to board was being refined and any changes would be implemented from January 2019.	Duncan Burton	January 2019
7 September 2018 - 10.c Capital Investment Programme Update Plan guided tours for staff and key stakeholders around the new ED in Wexham Park	Janet King	End of March 2019
5th October 2018 – 6.f Chief Executive's Report and QPR HC up update the board on stroke performance after a 2 to 3 period so it could be assured on improvements to performance.	Helen Coe	January 2019

5th October 2018 – 7a 3rd bullet Theatres Action Plan September 2018 The QAC meeting in December 2018 to consider the evidence that the actions had been completed including the audit results so that it could give assurance to the board.	Duncan Burton/ Mike O'Donovan	12 December 2018
5th October 2018 – 8.c Quality Improvement Plan as at September 2018 TH to present the outcomes of changes to arrangements for hospital at night including MET/NEWS calls and number of unplanned escalation type events to QAC in early 2019	Tim Ho	First Quarter 2019
2nd November 2018 – 12.c Appraisal and MAST update **Future reports to include number of appraisals completed/outstanding as well as percentages**	Janet King	8 February 2019
2nd November 2018 – 12.i Appraisal and MAST update JK to defer these reports to the new People Committee	Janet King	8 February 2019
2nd November 2018 – 15.c Review of register of interests ***Amend register to reflect updates given at the meeting***	Susanne Nelson-Wehrmeyer	7th December 2019
ACTIONS OVERDUE		

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Report Title	**Ward to Board Report FHFT Paediatric and Neonatal Wards**
Meeting	Board of Directors, Public
Meeting Date	Friday, 7th December 2018
Agenda No.	5.
Report Type	Presentation
Executive Lead	Duncan Burton, Director of Nursing and Quality
Executive Summary	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. Please find the report to the Board by Chief of Service and Clinical Matrons for Frimley Health Paediatric wards NB this report is presented in conjunction with the performance data provided by the Quality Team.
Background	Chief of Service: Joanne Philpot FPH: Senior Matron Paediatrics and Neonates : Jennifer Lomas. Clinical Matron: Lois Doel (F1) WPH: Senior Matron Paediatrics and Neonates: Ros Rushworth. Clinical Matron: Shakeela Banno (NNU)
Issues / Actions	Areas of the Infection Control Section are RAG rated for information and discussion
Recommendation	Board members are asked to discuss and note this report

Wards →	F1	FPH NNU	WX24	WXNNU
MRSA bacteraemia for year	0	0	0	0

Hand Hygiene Audit Scores for quarter	100%	100%	100%	100%
Spot check audit of alcohol hand sanitizer availability (Oct)	100%	89%	100%	100%
Infection Control link rep attendance at quarterly forum (2018)	75% (3/4 meetings)	100% (4/4 meetings)	25% (1/4 meetings)	50% (2/4 meetings)
Clinical Lead attendance at monthly HICC	60% (3/5 meetings)		100% (5/5 meetings)	
Consultants training at Annual Infection Control Training (MAST)	100%		82%	
Bed Spacing (range and median) DH Estates & Facilities (2013) HBN 00-09 & 04-01: recommend clear bedspace of at least 3.6m (width) by 3.6m (depth)	Average 2.5m (2.2-2.8m)	2.14m (1.86-2.4m)	**Double siderooms** Average 2.58m (2.5-2.65m) **6 bed bays** Average 2.2m (2.18-2.22m) **Paediatric HDU** Average 3.35m	**"Hot room"** Average 2.06m (1.7-2.2m) **Nursery 6** Average 1.9m (1.74-2.06m) **Nursery 7** Average 1.95m (1.7-2.2m)
Number of handwashing sinks per bed	Surgical and medical bays 1:5 HDU Bay 1:4 Teenage bay 1:2 (5 side-rooms 1:1)	Nursery 1 = 1:2.6 Nursery 2 = 1:3.5 (Side-room 1:1)	Single rooms 1:1 1:2 in 2 bedded rooms 1:3 in 6 bedded room 1:1 in HDU	Single rooms 1:1 1:4.5 in "Hot room" 1:3 in Nursery 6 and Nursery 7

Cleanliness monitoring data obtained from Facilities Dept

Wards →	F1	FPH NNU	WX24	WX NNU
National Standards for Cleanliness score (Oct18)	95.9%	97.7%	98.6%	98.9%

Antibiotic Audits obtained from Pharmacy Dept:

Wards →	F1	FPH NNU	WX24	WX NNU
Was Stop/review date documented on the prescription? Was the correct Indication specified on chart? Did the prescribing Seem reasonable?	September results Pending		September results Pending	

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Frimley Health NHS
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Ward to Board Report

Paediatric & Neonatal Services April – October 2018	Frimley Health

Background Information

Paediatrics - The inpatient services are supported on both Frimley Park and Wexham Park sites. Both wards support high dependency, medical and surgical patients. The surgical patients on the Wexham site are cared for within a designated day surgery unit, whereas the Frimley patients are nursed within the children's unit. Paediatric Assessment Units cross site support beds and cubicle facilities. Both units support Paediatric Oncology Shared Care Units (POSCU) Frimley is currently Level 1 and Wexham Level 2.

Local Neonatal Units - Intensive Care for babies born from 27 weeks for singletons and 28 weeks for multiples and babies with a birth weight >800 gms. Units work within the Thames Valley and South East Coast Perinatal Networks.

Paediatric outpatients- Paediatric outpatient departments and services are available on both sites and Heatherwood alongside satellite clinics which are staffed by Frimley Health.

Activity: Across the paediatric departments there have been a total of 35,321 children/parent contacts with paediatric staff within inpatient and outpatient areas between April and October 2018.

Current redesign or service improvement initiatives:

Wexham Park

- Completion of the essential medical gases and vacuum supplies works for neonates, ward and clinic areas and upgrading of the uninterrupted power supply (UPS) system in NNU.
- NNU is planning a major refurbishment. A very kind and generous donation from a local family has been made and will be used in agreement with the family to fund a quality improvement nurse for 2 years, equipment and furniture required to achieve BLISS accreditation and V create equipment for parents to "view" their babies from home.
- Opening of Transitional Care Unit as part of the Maternity build which will support more mothers staying with their babies rather than being admitted to NNU and impact positively on the Avoidance of Term Admission to Neonates (ATAIN) programme.
- Achieved the CCCU Charity target of £230 K – celebrations are being planned and now spending the money raised on new ventilators, echo cardiogram, giraffe incubator, special needs cot, parent bedroom furniture and entertainment/toys/games for the children.
- Bidding for Trust's Art project funding to enhance the corridors from paediatrics to Theatres and have charitable funds to improve/upgrade the Parents Room on Ward 24.
- Installation of Point of Care Testing (POCT) in Paediatric Critical Care Unit (PCCU) – completed August 2018
- Third year for the nationally acclaimed "asthma bus" initiative by the paediatric respiratory nurse specialists to reach out and educate teenagers in their schools and first year of "targeting" primary school parents at "drop in" sessions during parents evenings.
- Diabetes team have arranged for children and young people without access to home computers to download their meter readings/results via school computers – saving clinic appointments and school attendance and have successfully applied to be part of a national a team quality improvement programme.
- The GP hotline service to Consultants has been expanded in length of time and also takes the acute referrals between 0900-2000 Mon- Fri.

- The Safeguarding Children's Team are working with external partners on gang related projects and leading on the rapid response pathway for children and young people with challenging behaviour.
- Joint consultant appointment between Paediatrics and Paediatric ED and Senior Sister leading on criteria led discharge for children in PAU.
- Junior Sister lead for surgery is implementing the "Little Journey" app for preparing children coming for day surgery – working with anaesthetists and theatre staff.
- After a consultation with staff we will have a 7 day week ward clerk service for PAU which will start in January 2019.

Frimley Park

- New position in place for ward clerk cover in paediatric assessment unit.
- Retinopathy clinic to be transferred from Neonatal Unit to paediatric out patients from 3rd December 2018
- New allergy service providing twice monthly clinics and food challenges in paediatric out patients.
- New surgical and dermatology clinics facilitated in paediatric out patients.
- The Neonatal Unit are using the V create secure video messaging service for neonatal units. This securely produces and delivers video updates for families when they are unable to be at the unit. The videos provide reassurance to parents and minimise separation anxiety which helps mothers express milk. It allows parents to share child wellbeing updates with extended family and is part of the proven Family-Centred Care initiative. It allows units to communicate more effectively with families and in a more visual way
- IV ambulatory clinics held in paediatric outpatients facilitated by paediatric outreach nurse, improving flow in PAU
- Nursing staff undertaken learning disability training sessions and ward has now named learning disability champions.
- Working with ED on criteria for nurse led discharge from PAU.
- Paediatric psychologist working with the oncology patients in addition to diabetes.
- The Neonatal unit are represented on the 'safer sleeping task and finish group for fathers' funded by the CCG. The aim is to reduce the number of sudden infant deaths by promoting safer sleeping information specifically for fathers.
- Supporting adult areas within the Trust who see children and young people. Out patients areas visited and supported with environment improvements and facilities.
- Evening teenage transition clinics in place for both diabetes and epilepsy.

Cross Site

- We have asked to be part of the Pets4 health initiative facilitated by the patient experience lead and will be early adopters of the Trust's new incident reporting system from January 2019.
- Paediatric Consultant working cross site providing a cystic fibrosis service for children and young people.
- In recognition of children and young people throughout the Trust and beyond- the CYP Board has been set up with Executive support and representation working on CYP strategy.
- The Frimley Health CYP ICS programme had its first meeting in Nov 2018 and has agreed work programmes moving forward.

Awards and Publications:

Trust's Staff Recognition Awards - Gold winners: Outstanding leadership (Dr Aspel), Excellence in care (Candida Hazard, Helen Timms and the CCN team), Trust Team Award: Neonatal Nursing team at Frimley Park. Bronze winner for outstanding leadership (Shakeela Banno)

Senior Sister (Natalie Hughes) awarded Star of the Year by the Thames Valley and Wessex Paediatric Critical Care Operation Delivery Network (PCCODN) for her work and contribution as Education lead for TV PCCODN. National silver award to diabetic nurse specialist at Frimley Park for her work during national Hypo awareness week.

Patient Experience

Wexham Park

Bedside Patient Experience Tracker: Comments include - "*You feel that staff actually care and that you are a person and not a number, very child friendly staff, who speaks directly to the patient instead of the parents and the staff take very good take of you and always listen to you".*

Overall experience 82% excellent, 13% very good and 4% good; 98% had confidence in the doctors and felt they were involved in decisions always and 2% sometimes; 100% of the respondents who had an operation said that the risks and benefits were explained, the anaesthetist explained what would happen and they were asked how they felt after the operation.

Frimley Park

Friends and Family responses rates excellent across the board F1:98%, NNU 100%, paediatric out patients 97.2%.

5 star feedback on social media: '*My son broke his arm 5 weeks ago. He was given surgery the same day and kept in overnight on the children's Ward. The care he received was outstanding, by every member of hospital staff we encountered. He was treated with great care and compassion and to date the aftercare and follow up appointments have been timely, reassuring and very efficient. I have to say a massive thank you to all involved in his care, we literally cannot fault anything.'*

Cross site

Maternity and neonatal units working with UNICEF baby friendly accreditation. Frimley to re accredit at Stage 3 and Wexham achieved Stage 2 accreditation working towards stage 3. Frimley achieved Bliss accreditation and Wexham working towards.

Joint cross site working on the Maternity and Neonatal Safety Collaborative and focusing alongside the national ATAIN programme, reducing avoidable admissions to neonatal care.

Complaints:

Wexham Park

April 2018- Oct 2018: 2 formal complaints from a total of 21 404 contacts (0.009%) with children and families.

Learning

•Communication – provide clear explanations to parents about when they can expect to be contacted about results and plans

•Cleanliness and Basics – ensure all areas are thoroughly clean and free from bodily waste before admitting a child into a room. Use the "I am clean" green stickers on the en- suite doors. Any issues escalate to the nurse in charge who can contact housekeeping/site manager as needed.

Frimley Park

April 2018- Oct 2018: 8 formal complaints from a total of 14.629 contacts (0.05%) with children and families. Some of these crossing directorates e.g. surgery/ED

Learning:

•Lack of British sign language interpreters. App installed on iPad to help with BSL translation.

•Complaint from parents surrounding care of child on F1 felt she was being overly observed. Child was taken onto the care of children's services with the other siblings. Nursing safeguarding skills were recognised, the learning was good practice.

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Patient Safety

Cross site Risk Assurance Frameworks (RAF), clinical triggers and safety goals for paediatrics and neonates in place. Monthly safety slide to share the learning from various external and internal sources exchanged cross site.

Implementation of consistent handover method for ward and daily huddles with maternity and neonates and a separate one for PAU staff.

MAST Training compliance has improved significantly since July 2018 and overall is 91% (WP) 92% (FP) in October 2018

Medication incidents:

WP: total = 49 equivalent to **26% of all incidents** reported causing low or no harm to children.

Recently reviewed all prescription and administration related incidents between January 2015 – October 2018 with none causing any permanent or long term harm and 1 causing moderate harm back in 2017. Learning – staff to check weight with parent, all children who start any oto/nephrotoxic drugs are to be re-weighed which is documented, dated and initialled on the drug chart. The change of practice has been audited x2, 67% compliance – 1 child too poorly to be reweighed and on second audit 100% compliance.

There is a list noting individuals by an anonymous number who have been involved in drug errors which is displayed in the staff room and seminar room. The ward pharmacist held a monthly "Druggle" for junior doctors where incidents and learning is shared, due to maternity leave this isn't happening at the moment. In the meantime our PDN will be facilitating some small group multi-professional learning sessions following on from the recent success of the nursing sessions.

FP: total= 38 equates to 21.6% of all incidents reported. A mixture of prescription, dosage and omissions all of which resulted in minimal/no harm to patients. No medication errors with harm. Learning from medication errors discussed at ward meetings and 'message of the week'. Staff undertake medicines management module where appropriate and supported by PD and ward manager.

Sepsis

Trust Paediatric Sepsis Screening and Interventions pathway implemented in Jan 2017 based on new NICE guidance in Paediatric ED, PAUs and Inpatient wards. Following audits on both sites the screening tool was found to be too sensitive e.g. at times 98 patients a month would trigger a red flag which then leads to an ST4 or above reviewing that patient within 30 minutes to decide if clinically sepsis or not with majority being triggered due to having a high resp or heart rate due to having a breathing related illness – viral induced wheeze, asthma or bronchiolitis not sepsis. Decision taken to adopt the TV and Wessex screening tool cross site on World Sepsis Day in Sept 2018. As a result there has been a significant decrease in number of children triggering for sepsis. The new sepsis tool is audited weekly to monitor compliance: 100% cross site.

Quality

Reports from National Neonatal Peer reviews positive for both sites with no concerns raised. National Neonatal Audit Programme (NNAP) report shows achieving above the national average in 7 of the 8 standards. Action plans in place for WP: to work on mother's milk at time of discharge - was 53% national average 60%. FP: 2 year follow up 55% national rate 63% issues with data entry to be addressed.

Excellent RCPCH Facing the Future -- Standards in Acute General Paediatrics and Standards in Together for Child Health Audits that led to the College visiting cross site to see how we had implemented the standards so well.

Launch of the CYP Board – first meeting held in October 2018, focus on developing a CYP Strategy

Working with adult leads to develop joint adult and children cross site policies/strategies- eg Chaperoning Policy, safe Staffing Policy, Abduction Policy and the Learning Disabilities and Mental Health strategies.

Working with maternity on PReCePT trial reducing cerebral palsy through improving uptake of magnesium sulphate in preterm deliveries, national rate 64% FH 92.5%.

Implementing Transition into adult services pathways and clinics : Plan to establish the Ready, Steady, Go and Hello programme– Paediatric Consultant on FP site is leading with Senior Sister from Children's Outpatients for Wexham facilitating specialist nurses. Recently have full list of local and specialists doctors who will be the links into adult services and working on the documentation going onto EDMS.
Establishing pathways for children and young people with challenging behaviours for all partner agencies to work collaboratively. Lead named Nurse for safeguarding Children leading with support from Deputy Director of Nursing and CCG safeguarding lead.
Support and provide training for staff to manage these patients – working cross site and with adult leads to develop a training needs analysis, provide hot debriefs when necessary, ensure staff have the opportunity to attend safeguarding supervision and have access to the safeguarding champions. Encourage staff to attend the bimonthly/monthly drop in sessions led by lead named nurse, paediatric mental health liaison nurses, CAMHS practitioners and local psychologists covering communication, attachment disorder and de- escalation techniques. To note excellent support from the security staff following their additional Maybo training.
Implementing and reviewing children's surgery policy and standards – working cross site to approve a safe provision of anaesthesia and surgery for children and to review the RoS non- specialist emergency surgical standards for children and actions from the GIRFT report/visit.

Current Challenges

• Ensuring all children and families feel "safe" when there are young people admitted with challenging behaviours – additional training and support is in place for staff –including "hot debriefs" from the nurse in charge who will also "check in" with children and families at the time.
•Access to face to face out of hours CAMHS Consultant
•Paediatric department having oversight of CYP in both outpatient and inpatient settings
•Staffing for PAU (FP) recruiting to new Band 7 post, increased PAU activity from ED with winter pressures.
•Engagement with Local Authorities in complex cases to ensure timely safe discharge arrangements
• Agreed funding for palliative and end of life care pathways for children and young people
• Digital services eg finding a resolution to the issue of duplicate ICE numbers which results in delays in obtaining results, appropriate interfaces.

Staffing

As a result of our first medical workforce planning meeting last October we have 2.00 Doctors Assistants in post who support the junior doctors with some admin and clinical "tasks" cross site.
Neonatal Nurse practitioner posts have been advertised, unable to recruit, to re-advertise.
Trainee ANNP post commenced in September at FP, and trainee post to start in February at WP. These posts are being funded from the medical budget and staff will eventually join the medical rotas which help reduce the gaps in the rotas.
Band 6 Advanced Clinical Practitioner (ACP) trainee posts in PAU cross site.
Medical staffing– Currently no vacancies in substantive posts. Vacancies at middle grade level are being covered by the recruitment of overseas doctors with a plan to continue this in the future.
WP: Successfully retained and recruited nursing staff and currently have the lowest vacancy rates in over 4 ½ years which has led to the risk of the potential impact on care of having low paediatric staffing levels being archived from our RAF, and increased the number of senior sisters to 2.00wte
Cross site Trainee Associate Programme (TAPs) due to complete in April 2019, Nursing Associate training and children's apprenticeship opportunities have been taken up by staff.
Overseas recruitment is on-going cross site with 10 Internationally Educated Nurses (IENs) on ward 24 and 1 in NNU (WP). Frimley currently plans to add to the current 2 IEN's on F1 when the next cohort of nurses come into the Trust. Additional specific paediatric training has been funded and undertaken by the IEN's

Specialty dashboard - summary

Specialty:	**Paediatrics**
Quality committee month:	**November 2018**
Data month:	**Sep 2017 - Sep 2018**
Chief of service:	**Louise Wright (FPH); J Aspel / J Philpot (HWP)**
Presented by:	**Jennifer Lomas (FPH site); J Philpot (HWP)**

RAG key	
	Achieving target
	Between target and threshold (where applic)
	Worse than target or threshold (where applic)
↓ *or* ↑	*- improving performance*
↓ *or* ↑	*- worsening performance*
↔	*- no change*

Key measures	Frimley Health NHS FT		Frimley Park Hospital		Heatherwood & Wexham Park Hospitals	
	Performance	Change	Performance	Change	Performance	Change
PICU retrievals			1	watching trends	0	watching trends
Time critical transfers			0	watching trends	0	watching trends
Transfers out to another Hospital			6	watching trends	7	watching trends
Unexpected deaths			0	↔	0	↔
Serious incidents requiring investigation (SIRIs)			0	↔	0	↔
Incidents triggering a duty of candour response			0	↔	0	↔
Number of medication incident reports			1	↓	4	↑
Friends and family test - % positive responses recommending here as a place for care – Inpatients			97% (Sept)	↑	98% (Sept)	↓

	Key messages	
Domain	**Frimley Park Hospital**	**Heatherwood & Wexham Park Hospitals**
Safe	A reduction in incidents and medication errors. New SEPSIS tool implemented cross site and all paediatric departments.	No never events or SIs. 26 incidents reported with 4 related to other specialties. 6 medication errors of which 4 reached patients but low or no harm caused. Hand hygiene compliance at 100%. Registered and support staff fill rates over 90%. Sepsis screening at 100%, to note one sepsis screening tool commenced mid Sept to coincide with World Sepsis day - 10 triggered with 3 being treated as presumed sepsis 2 received IVABs within 1 hour the third within 80 mins.
Effective	No unexpected deaths and no SIRI but shared learning with ED. Documentation of PEWS requires cascading to engage staff to complete paperwork efficiently.	No deaths. Initial PEWS recording and interventions = 100% compliance
Caring	Continue to receive positive feedback for Friends and Family data. Responded to one complaint from PALS and shared feedback CCG and to Clinical team.	FFT overall 96% for ward and clinics. No complaints or PALS contacts
Responsive	PAU audit confirmed effective documentation and application supporting Care with 100% patients reviewed within 2hrs and 100% seen by a consultant within 14hrs. No increase in RMN care to support CAMHS workload.	Despite increase in CAMHS patients and bed days from previous month no RMNs required and none stayed more than 48 hours and were seen on same day by CAMHS when deemed medically fit. 100% compliance for patients being seen by a doctor within 2 hours and by a senior doctor within 4 hours of attending PAU. 100% compliance all children being seen by a consultant within 14 hours of admission to the ward.
Well Led	Staffing supported by bank and agency resulting a large expenditure to support monthly staffing. RMN requirements reduced and CAMHS patient care supported by carers as per risk assessments. Staff sickness has had impact on staffing levels. Staff vacancies have been actioned with appointment of band 5, Band 4 and bank staff. Medical team still required consultant locums to support rota.	Appraisal rate for non- medical staff has reached 98-100% with improvement on MAST training for all staff during September
Efficiency	Decrease in DNA% attendance	Average length of stay for non- elective admissions remains at 0.74 days and that's with 712 admissions in month.
Activity	Activity significant increase PAU. Awareness of an increase in ambulatory antibiotics undertaken In PAU and engaging staff to utilise community services. Increased elective discharges confirming increased workload.	56 episodes of children attending for ambulatory IVABs.

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Safe

Site		FY 17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Target	Threshold
Incident reporting - Paediatrics																		
FPH	Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FPH	Number of Serious incidents requiring investigation (SIRI)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	>1
FPH	Number of incident reports	165	8	25	15	9	15	16	9	9	6	19	13	18	10	75		
FPH	Number of incidents Children and Young People (CYP) in other specialities	NEW July 2018																
FPH	Number of incidents triggering a duty of candour	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
FPH	No. of medication errors resulting in severe harm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	>1
FPH	Medication errors reaching the patient (MERP)	19	0	2	4	2	3	0	0	0	0	0	2	2	1	5		
FPH	Cardiac arrests	2	0	0	0	0	0	0	0	0	1	0	0	0	0	1		
FPH	Crash calls	4	0	0	0	0	0	1	0	0	0	0	0	0	0	0		
FPH	Paediatric Early Warning score (PEWS)	98%	90%	90%	100%	100%	100%	100%	100%	80%	80%	80%	100%	80%	60%	80%		
Infection control - Paediatrics																		
FPH	MRSA Bacteraemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
FPH	C difficile cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
FPH	Hand Hygiene	97%	98%	96%	96%	93%	97%	100%	100%	91%	100%	100%	100%	100%	100%	99%		
FPH	Antimicrobial prescribing -Documentation of indication on drug chart *		86%		73%			100%			supplied bi-annually				N/A			
FPH	Antimicrobial prescribing - Compliance with treatment guidelines **		100%		100%			100%							N/A			
Safe staffing - hours filled as planned - specialty																		
FPH	Registered nurse day	91%	93%	93%	92%	85%	91%	95%	83%	95%	93%	97%	84%	88%	81%		>=90%	none
FPH	Unregistered care staff day	92%	108%	82%	78%	83%	79%	89%	94%	114%	87%	103%	90%	93%	103%		>=90%	none
FPH	Registered nurse night	86%	92%	80%	82%	76%	87%	92%	81%	100%	100%	100%	100%	100%	100%		>=90%	none
FPH	Unregistered care staff night	115%	141%	108%	121%	116%	111%	133%	138%	152%	142%	125%	116%	105%	105%		>=90%	none
Compliance with Sepsis Care																		
FPH	% compliance of sepsis screening	79%	80%	80%	No data	No data	100%	80%	80%	20%	40%	75%	100%	80%	100%		>=90%	none
FPH	Total number of patients triggering sepsis screening	334	No data	98	159	17	22	38	59	24	45	42	48	35	Data TBC			
Discharge communication																		
FPH	Total % Electronic discharges from F1		No data	No data	No data	No data		No data	No data				No data	No data	Nodata			
FPH	Total % Electronic discharges from PAU		No data	No data	No data	No data		No data	No data				No data	No data	No data			

Safe

Site		FY 17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Target	Threshold
Incident reporting - Paediatrics																		
HWP	Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HWP	Number of Serious incidents requiring investigation (SIRI)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	>1
HWP	Number of incident reports	164	15	17	18	14	12	14	13	20	17	14	18	22	26	117		
HWP	Number of incidents Children and Young People (CYP) in other specialities	NEW July 2018											3	5	4	12		
HWP	Number of incidents triggering a duty of candour	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1		
HWP	No. of medication errors resulting in severe harm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	>1
HWP	Medication errors reaching the patient (MERP)	18	1	4	2	1	0	2	2	1	3	2	0	3	4	13		
HWP	Cardiac arrests	1	0	0	0	0	0	1	0	0	0	0	0	0		0		
HWP	Crash calls	7	1	0	2	1	1	1	1	0	0	1	0	0		1		
Infection control - Paediatrics																		
HWP	MRSA Bacteraemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
HWP	C difficile cases - attributable to trust	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
HWP	Hand Hygiene	95%	100%	95%	100%	100%	95%	90%	100%	95%	95%	100%	95%		100%			
HWP	Antimicrobial prescribing -Documentation of indication on drug chart *		100%		100%			100%				supplied bi-annually						
HWP	Antimicrobial prescribing - Compliance with treatment guidelines **		100%		100%			100%										
Safe staffing - hours filled as planned - specialty																		
HWP	Registered nurse day	95%	96%	93%	93%	101%	97%	97%	89%	94%	94%	92%	95%	90%	92%		>=90%	none
HWP	Unregistered care staff day	83%	82%	90%	89%	87%	89%	75%	78%	91%	99%	80%	74%	80%	94%		>=90%	none
HWP	Registered nurse night	96%	98%	92%	96%	102%	100%	94%	87%	89%	91%	89%	96%	96%	97%		>=90%	none
HWP	Unregistered care staff night	78%	73%	70%	71%	82%	72%	80%	86%	100%	100%	100%	100%	90%	90%		>=90%	none
Compliance with Sepsis Care																		
HWP	% compliance of sepsis screening	94%	100%	100%	100%	93%	87%	93%	100%	100%	100%	100%	100%	86%	100%		>=90%	none
HWP	Total number of patients triggering sepsis screening			2 of sample set	0 of sample set	6 of sample set	8 of sample set	2 of sample set	2 of sample set	3 of 10 sample set	91 triggered. of these, 15 had bloods and were admitted	86 triggered, of these 7 were admitted. All had IVABs, 0 proven sepsis	99 triggered; of these 22 were admitted, 0 proven sepsis	38 triggered. Of these 11 were admitted , 2 required IVABs. 0 proven sepsis	10 triggered of these 3 required IVABs of these 2 received IVs within 1 hour of decision to treat			
Discharge communication																		
HWP	Total % Electronic discharges from Ward 24 (M,S,H)	91%	95%	96%	91%	92%	98%	96%	81%	93%	92%	93%	90%	91%	94%			
HWP	Total % Electronic discharges from PAU	83%	86%	88%	87%	85%	76%	73%	77%	80%	81%	81%	82%	83%	84%		>=85%	<80%

Note ** previously known as 'Antimicrobial prescribing - Indications specified on chart'. This is snapshot audit so not always indicative of prescribing trends.*

*** previously known as 'Antimicrobial prescribing - Does this treatment meet the care bundle requirements'. This is snapshot audit so not always indicative of prescribing trends.*

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Effective - Mortality

Site		FY 17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Target	Threshold
Mortality - specialty																		
FPH	Number of unexpected deaths	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FPH	Number of expected deaths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FPH	Expected deaths in ward	New										0	0	0	0	0		
FPH	Unexpected deaths in ward	New										0	0	0	0	0		
FPH	Unexpected deaths other hospital	New										0				0		
FPH	Unexpected deaths in ED	New										1				1		
FPH	Expected deaths at home	New										0				0		
Mortality* - specialty																		
HWP	Total Number of child deaths	0	0	2	2	2	1	1	2	5	3	0	1	0	0	9	0	0
HWP	Number of child deaths in ED	0	0	0	1	1	1	0	0	1	0	0	1	0	0	2	0	0
HWP	Number of child deaths on Ward			0	0	0	0	0	0	2	1	0	0	0	0	3		
HWP	Number of child deaths in other hospitals			1	1	0	0	1	1	1	2	0	0	0	0	3		
HWP	Number of child deaths at home			1	0	1	0	0	1	1	0	0	0	0	0	1		

* indicator descriptions edited unilaterally by HWP

Effective - Clinical performance measures

Site		FY 17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Target	Threshold
CQC 30 day Readmission Rates																		
FH	Number of emergency to emergency readmissions	571	37	49	47	50	52	41	37	43	31	39	22	24	In arrears	159		
FH	Readmission rate following emergency discharge - Paediatrics	6.6%	6.2%	7.5%	5.8%	7.6%	7.8%	7.0%	5.6%	7.9%	5.6%	7.6%	4.3%	7.0%	In arrears	6.4%	UQ <=9.7% Med <=10.5%	LQ >11.1%
PEWS compliance																		
FPH	Compliance with documentation of initial PEWS (%)	96%	90%	90%	100%	90%	100%	90%	100%	80%	80%	80%	100%	80%	40%		100%	=<95%
FPH	Compliance with documentation of PEWS interventions (%)	81%	90%	40%	60%	90%	90%	80%	40%	60%	60%	80%	60%	60%	60%		100%	=<95%
FPH	% compliance with nursing documentation audit	64%	60%	80%	80%	80%	90%	60%	60%	40%	40%	90%	No data	60%	60%			
FPH	% compliance with nameband audit	89%	no data	90%	90%	80%	No data	78%	90%	90%	70%	90%	90%	90%	TBC			
FPH	% pain management compliance	81%	80%	60%	No data	80%	80%	80%	100%	80%	40%	100%	100%	100%	No data		100%	=<95%
Audits																		
FPH	Departmental (internal)	17	1	1	2	1	1	1	0	0	3	3	2	No data	3			
FPH	National (external)	4	0	1	0	0	0	0	0	0	0	0	0	Nodata	1			
CQC 30 day Readmission Rates																		
FPH	Number of emergency to emergency readmissions	56	8	5	4	3	6	3	5	10	4	6	4	2	In arrears	26		
FPH	Readmission rate following emergency discharge - Paediatrics	5.7%	8.2%	4.7%	4.3%	6.0%	6.8%	4.4%	6.5%	14.9%	5.0%	8.6%	6.7%	3.9%	In arrears	7.9%	UQ <=7.3% Med <=7.9%	LQ >8.6%
Readmission Rates - local calculation																		
FPH	Medical emergency readmissions following an elective or emergency admission	New								no data		no data					<=5.5%	>7.5%
FPH	All emergency readmissions following an elective or emergency admission	New								no data		no data					<=5.5%	>7.7%

Effective - Clinical performance measures

Site		FY 17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Target	Threshold
PEWS compliance																		
HWP	Compliance with documentation of initial PEWS (%)	99%	100%	100%	100%	100%	100%	93%	100%	100%	100%	100%	92%	100%	100%		100%	=<95%
HWP	Compliance with documentation of PEWS interventions (%)	93%	100%	100%	100%	100%	67%	93%	100%	100%	100%	90%	100%	100%	100%		100%	=<95%
HWP	% compliance with nursing documentation audit	97%	100%	100%	100%	93%	92%	100%	91%	100%	100%	In arrears	85%	100%	98%			
HWP	% compliance with nameband audit	96%	100%	100%	100%	100%	100%	100%	91%	100%	80%	In arrears	100%	100%	100%			
HWP	% pain management compliance	97%	100%	100%	98%	94%	100%	100%	100%	100%	100%	In arrears	100%	96%	100%		100%	=<95%
Audits																		
HWP	Departmental (internal)	141	20	0	15	14	15	14	10	10	12	10	12		12			
HWP	National (external)	2	0	1	0	0	0	0	0	0	0	0	0		0			
CQC 30 day Readmission Rates																		
HWP	Number of emergency to emergency readmissions	515	29	44	43	47	46	38	32	33	27	33	18	22	In arrears	133		
HWP	Emergency readmission rate following emergency discharge	6.7%	5.9%	8.0%	6.0%	7.7%	8.0%	7.4%	5.5%	6.9%	5.7%	7.5%	3.9%	7.5%	In arrears	6.2%	UQ <=9.3% Med <=10.3%	LQ >11.2%
Readmission Rates - local calculation *																		
HWP	Medical emergency readmissions following an elective or emergency admission		5.0%	10.1%	8.9%	6.3%	9.5%	8.2%	7.2%	5.6%	8.3%	6.9%	10.4%	11.8%			<=5.5%	>7.5%
HWP	All emergency readmissions following an elective or emergency admission		6.2%	9.5%	8.4%	6.2%	8.9%	7.4%	7.3%	6.0%	7.2%	7.6%	8.9%	9.9%			<=5.5%	>7.7%

Note * *excluding PAU admissions*

Caring

Site		FY 17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Target	Threshold
Compliments																		
FPH	No of compliments	6	3	4	6	2	1	2	2	9	5	10	6	TBC	7			
Friends and family test - % who would recommend this trust to friends and family if they needed similar care or treatment																		
FPH	Friends and family test - inpatient survey	98%	94.7%	100%	100%	100%	94.5%	96.9%	no data	no data	no data	99%	100%	96.7%	97.0%		>=97.4%	<93.6%
Complaints - directorate																		
FPH	Number of complaints received	11	2	2	2	0	1	1	3	3	1	1	1	0	2	8		
FPH	Number of complaints Children and Young People (CYP) in other specialities	NEW July 2018																
FPH	Number of PALS contacts	6	1	0	1	1	1	1	0	1	1	1	0	0	1	4		
Midnight bed occupancy																		
FPH	Midnight Bed Occupancy	64%	65%	63%	72%	65%	65%	79%	79%	70%	72%	65%	53%	50%	65%		<=85%	>=100%

Compliments																		
HWP	No of compliments	508	43	46	45	58	42	40	38	42	36	38	36	34	36			
Friends and family test - % who would recommend this trust to friends and family if they needed similar care or treatment																		
HWP	Friends and family test - inpatient survey	97%	92%	95%	99%	95%	100%	91%	no data	no data	no data	96%	no data	98%	98%		>=97.4%	<93.6%
HWP	Friends and family test - HW clinics	99%	97%	100%	100%	100%	100%	100%	no data	100%	100%	98%	100%	100%	100%		>=97.4%	<93.6%
HWP	Friends and familty test - WX clinics	99%	98%	99%	99%	100%	99%	100%	no data	no data	100%	100%	94%	98%	90%		>=97.4%	<93.6%
Complaints - directorate																		
HWP	Number of complaints received	3	1	1	0	1	0	0	0	1	0	0	1	0	0	2		
HWP	Number of complaints Children and Young People (CYP) in other specialities	NEW July 2018											0	0	0	0		
HWP	Number of PALS contacts	14	0	2	2	1	3	2	1	1	0	0	0	0	0	1		
Midnight bed occupancy																		
HWP	Midnight Bed Occupancy	80%	78%	82%	97%	95%	80%	88%	97%	75%	72%	69%	58%	47%	64%		<=85%	>=100%

Responsive

Site		FY 17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Target	Threshold
Waiting times																		
FPH	OP - median waiting times (days) to first OP attendance	65	60	81	55	71	79	84	65	56	56	57	55	62	62		UQ 21 Med 57	LQ 83
FPH	Waiting for CAMHS Assessment - Number of inpatients	56	8		8	no data	16	2	2	26	18	30	9	8	8			
FPH	Waiting for CAMHS Assessment - length of stay (days)	14	18	4	8	no data	2	3	31	52	87	57	8	28	17			
FPH	Number of shifts covered by RMN	6	47	11	17	0	14	27	6	12	23	47	8	11	18			
RTT																		
FPH	RTT Total Incomplete Waiting List	614	538	531	553	609	624	606	614	553	562	561	553	517	554			
FPH	RTT waiting 18 weeks and over	3	1	2	5	8	2	2	3	3	3	1	0	1	6			
FPH	RTT - % waiting within 18 weeks	100%	100%	100%	99%	99%	100%	100%	100%	99%	99%	100%	100%	100%	99%		92%	
FPH	RTT waiting 35 weeks and over	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Cancer waits - children's																		
FPH	2 week wait - all cancers	100%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	85.7%	100.0%	100.0%	100.0%	100.0%	In arrears		93%	
7-day working																		
FPH	All children attending PAU to be seen by a doctor within 2 hours of arrival	93%	100%	80%	No data	100%	100%	100%	80%	40%	60%	50%	100%	20%	100%			
FPH	All acute medical admissions to be seen by a paediatrician on the middle grade rota within 4 hours of admission	86%	100%	80%	60%	100%	100%	80%	80%	40%	60%	50%	100%	100%	80%		>80%	<=80%
FPH	All acute admissions to be seen by a consultant within 14 hours of decision to admit	93%	100%	100%	100%	80%	100%	100%	100%	60%	70%	50%	100%	100%	100%		>80%	<=80%

Responsive

Site		FY 17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Target	Threshold
Waiting times																		
HWP	OP - median waiting times (days) to first OP attendance	28	49	45	43.5	42	46	28	28.5	38	31	40	41	44	46		UQ 15 Med 37	LQ 54
HWP	Waiting for CAMHS Assessment - Number of inpatients	135	13	15	14	12	9	11	19	13	20	10	5	5	14			
HWP	Waiting for CAMHS Assessment - length of stay (days)	17	35	31 (1 patient, 39 days - waiting bed)	29 (1 patient 8 days waiting SC placement)	27 (1 patient 12 days clinically indicated)	10	25	35 (1 patient 12 days)	22 (1 pt 14 days eating disorder)	36 (1 pt 7 days section)	14	5	7	15			
HWP	Number of shifts covered by RMN	98	13	0	17	9	3	24	16	13	27	0	1	0	0			
RTT																		
HWP	RTT Total Incomplete Waiting List	653	683	663	661	666	629	641	653	718	743	763	731	747	659			
HWP	RTT waiting 18 weeks and over	6	6	3	5	4	5	4	6	6	5	4	7	5	5			
HWP	RTT - % waiting within 18 weeks	99%	99%	100%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%		92%	
HWP	RTT waiting 35 weeks and over	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Cancer waits - children's																		
HWP	2 week wait - all cancers		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	In arrears		93%	
7-day working																		
HWP	All children attending PAU to be seen by a doctor within 2 hours of arrival	97%	100%	100%	92%	86%	100%	100%	100%	93%	100%	80%	100%	100%	100%		>80%	<=80%
HWP	All acute medical admissions to be seen by a paediatrician on the middle grade rota within 4 hours of admission	99%	100%	100%	92%	100%	100%	93%	100%	100%	100%	100%	100%	100%	100%		>80%	<=80%
HWP	All acute admissions to be seen by a consultant within 14 hours of decision to admit	98%	96%	99%	99%	99%	98%	99%	99%	91%	86%	95%	99%	99%	100%		>80%	<=80%

PUBLIC Board of Directors - 7th December 2018-07/12/18

Information Services Department

Well led

Site		FY 17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Target	Threshold
Agency spend - Paediatrics																		
FH	Agency spend - Doctors £000s		£163	-£2,137	-£4,515	£1,378	-£9,468	£1,879	£308	£6,946	£3,033	£3,897	£5,830	£4,577	£8,123	£6,946		
FH	Agency spend - Nursing £000s		£32,950	£30,188	£14,201	£18,307	£9,350	£26,312	£17,497	£18,958	£56,253	£38,025	£27,052	£1,725	£10,809	£18,958		
FH	Agency spend - Other £000s		£0	£0	£0	£0	£0	£0	£0	£1,618	-£979	£854	£125	£0	£0	£1,618		
FH	Agency spend - Total £000s		£33,112	£28,052	£9,686	£19,684	-£118	£28,190	£17,805	£27,522	£58,308	£42,776	£33,006	£6,302	£18,932	£27,522		
FH	Agency spend as % of pay bill		2.8%	2.4%	0.8%	1.7%	0.0%	2.4%	1.5%	2.3%	4.7%	3.5%	2.6%	0.5%	1.5%	2.5%	<=8.0%	>10.0%
Turnover, sickness - Paediatrics																		
FPH	Turnover rate %		13.26%	10.81%	11.76%	10.53%	11.22%	12.00%	13.59%	16.83%	15.84%	16.67%	17.00%	18.00%	17.65%		<=14.5%	>15.0%
FPH	Staff sickness rates		2.52%	3.60%	2.66%	2.98%	2.96%	3.92%	2.38%	2.02%	1.56%	2.27%	2.68%	3.71%	4.74%		<=2.9%	>3.2%
Vacancies - Paediatrics																		
FPH	Nursing Vacancies - Trained		7.1%	5.3%	2.9%	8.7%	6.5%	6.5%	6.5%	10.9%	10.9%	10.9%	13.0%	13.0%	20.0%		<=11.5%	>13.0%
FPH	Nursing Vacancies - Untrained		7.54	8.2	8.2		7.15	6.75	no data	no data		3.36	3.36	3.36	2.64			
Locums																		
FPH	Number of shifts filled by locum junior doctors		10	11	4	5	8	6	12	21	26	12	20	22	21			
FPH	WTE locum consultants (month-end snapshot)		1	1	1	1	2	3	3	3	3	3	3	3	3		<2	
FPH	% locums with competency sheet completed & shift filled by specialty		66%		100%	100%		NA	100%	85%	100%	100%	100%	100%	100%		100%	<=95%
FPH	Number of shifts covered by unknown Locums by specialty		1	2	0	0	0	0	0	0	0	1	2	0	1		0	=>1
Appraisals - directorate																		
FPH	Staff appraisal rate - medical staff (non-training grades)		96%	100%	96%	89%	96%	100%	89%	97%	93%	96%	100%	100%	89%	96%	>=95%	<85%
FPH	Staff appraisal rate - non-medical staff		77%	79%	79%	85%	80%	57%	57%	68%	73%	78%	82%	67%	81%		>=80%	<70%
Competent medical cover available																		
FPH	Consultant Led Medical Handover			95%	No data	No data	No data	No data	86%	94%	94%	78%	85%	89%	TBC		>80%	<=80%
Competent nursing staff available																		
FPH	% of shifts with at least two paediatric trained nurses		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	<=90%
FPH	% of nurses trained in paediatric life support		95%	95%	93%	93%	93%	81%	No data	86%	89%	89%	83%	92%	100%		>=90%	<=82%
Training - directorate																		
FPH	Mandatory training completed (consultants) %		95%	100%	78%	82%	67%	77%	78%	86%	89%	90%	93%	92%	95%		>=85%	<60%
FPH	Mandatory training completed (all staff) %		81%	82%	83%	82%	78%	81%	80%	82%	84%	86%	86%	90%	89%		>=85%	<60%
Friends and family test for staff - FPH as a whole																		
FPH	% recommending here as a place to work		76%		67%			73%			in arrears			71%			Q1, 2, 4 >=70% Q3 >= 66%	Q1, 2, 4 <62% Q3 <62%
FPH	% recommending here as a place for care		94%		85%			92%			in arrears			92%			Q1, 2, 4 >=86% Q3 >=76%	Q1, 2, 4 <79% Q3 <70%

Well led

Site		FY 17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Target	Threshold
Turnover, sickness - Paediatrics																		
HWP	Turnover rate %		16.06%	15.38%	14.39%	13.28%	13.60%	12.60%	13.28%	12.60%	12.60%	11.63%	13.39%	11.20%	11.11%		<=14.5%	>15.0%
HWP	Staff sickness rates		4.66%	4.42%	4.20%	3.27%	3.81%	4.16%	4.33%	1.78%	1.43%	2.33%	2.31%	2.10%	2.95%		<=2.9%	>3.2%
Vacancies - Paediatrics																		
HWP	Nursing Vacancies - Trained		18%	17%	16%	8%	11%	8%	6%	9%	9%	6%	6%	6%	10%		<=11.5%	>13.0%
HWP	Nursing Vacancies - Untrained		4%	4%	7%	5%	7%	6%	6%	4%	4%	4%	4%	4%	4%			
Locums																		
HWP	Number of shifts filled by locum junior doctors		0	0	0													
HWP	WTE locum consultants (month-end snapshot)		0	0	0												<2	
HWP	% locums with competency sheet completed & shift filled by specialty		N/A	N/A	N/A												100%	<=95%
HWP	Number of shifts covered by unknown Locums by specialty		0	0	0												0	=>1
Appraisals - directorate																		
HWP	Staff appraisal rate - medical staff (non-training grades)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		>=95%	<85%
HWP	Staff appraisal rate - non-medical staff		60%	65%	64%	65%	73%	66%	63%	64%	81%	80%	83%	70%	92%		>=80%	<70%
Competent medical cover available																		
HWP	Consultant Led Medical Handover		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		>80%	<=80%
Competent nursing staff available																		
HWP	% of shifts with at least two paediatric trained nurses		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	<=90%
HWP	% of nurses trained in paediatric life support		82%	82%	90%	90%	92%	92%	92%	88%	90%	92%	94%	94%	95%		>=90%	<=82%
Training - directorate																		
HWP	Mandatory training completed (consultants) %		100%	100%	83%	78%	81%	86%	86%	85%	87%	88%	88%	85%	88%		>=85%	<60%
HWP	Mandatory training completed (all staff) %		75%	76%	75%	76%	77%	76%	76%	75%	74%	74%	76%	80%	84%		>=85%	<60%
Friends and family test for staff - HWP as a whole																		
HWP	% recommending here as a place to work		62%		64%			70%			in arrears			in arrears			Q1, 2, 4 >=70% Q3 >= 66%	Q1, 2, 4 <62% Q3 <62%
HWP	% recommending here as a place for care		79%		70%			83%			in arrears			in arrears			Q1, 2, 4 >=86% Q3 >=76%	Q1, 2, 4 <79% Q3 <70%

* Friends and family test (FFT) replaced by National Staff Survey in Q3; the question is worded slightly differently "If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation". Note the target and threshold for Q3 is based on the National Staff Survey results; Q1, 2 and 4 are based on FFT results

Efficiency

Site		FY 17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Target	Threshold
Finance Spend - Paediatrics																		
FH	Budget - directorate total (cumulative)	£15,895,833	£7,926,837	£9,251,067	£10,588,851	£11,915,717	£13,242,385	£14,569,109	£15,895,833	£1,343,035	£2,695,650	£4,043,453	£5,411,928	£6,843,085	£6,843,085			
FH	Actual spend - directorate total (YTD)	£15,763,166	£7,769,791	£9,092,727	£10,444,196	£11,816,100	£13,107,914	£14,418,849	£15,763,166	£1,385,923	£2,733,629	£4,094,218	£5,485,989	£6,900,155	£8,342,791			
FH	Variance - directorate total (YTD)	£132,667	£157,047	£158,339	£144,655	£99,617	£134,471	£150,260	£132,667	-£42,888	-£37,978	-£50,765	-£74,061	-£57,070	-£1,499,706		>0	
FH	Pay - budget (YTD)	£14,123,963	£7,050,119	£8,225,139	£9,415,976	£10,592,973	£11,769,969	£12,946,966	£14,123,963	£1,195,401	£2,390,802	£3,586,203	£4,802,546	£6,081,713	£6,081,713			
FH	Pay - actual spend (YTD)	£13,861,002	£6,878,662	£8,060,608	£9,236,312	£10,363,487	£11,488,502	£12,680,208	£13,861,002	£1,198,957	£2,442,200	£3,669,728	£4,942,518	£6,208,481	£7,451,280			
FH	Pay - spend variance - (YTD)	£262,961	£171,457	£164,531	£179,664	£229,486	£117,404	£266,758	£262,961	-£3,556	-£51,398	-£83,525	-£139,972	-£126,768	-£1,369,567		>0	
FH	CIPs plan (YTD) - Paeds Mat & Gynae	£993,000	£496,000	£579,000	£662,000	£745,000	£830,000	£910,000	£993,000	£849,100	£170,000	£255,000	£340,000	£659,000	£790,000			
FH	CIPS actual (YTD) - Paeds Mat & Gynae	£993,000	£496,000	£579,000	£662,000	£744,000	£830,000	£910,000	£993,000	£480,800	£82,000	£146,000	£231,000	£648,000	£772,000			
FH	CIPs variance (YTD) - Paeds Mat & Gynae	£0	£0	£0	£0	-£1,000	£0	£0	£0	-£368,300	-£88,000	-£109,000	-£109,000	-£11,000	-£18,000		>0	
Outpatients																		
FH	Did not attend (DNA) rate %	7.3%	9.6%	8.4%	8.4%	7.7%	7.7%	6.9%	7.6%	7.9%	8.2%	7.2%	8.6%	7.9%	6.2%	7.7%	UQ <=5.7% Med <=7.0%	LQ >8.4%
FH	Outpatient new to follow-up ratio	1.27	1.30	1.26	1.22	1.29	1.10	1.03	1.11	1.16	1.15	1.24	1.32	1.34	1.03	1.20	UQ <=1.00 Med <=1.38	LQ >2.06
Outpatient utilisation - specialty																		
FH	Outpatient clinic session utilisation	77.2%	83.1%	84.4%	83.5%	78.4%	87.4%	81.6%	80.7%	81.4%	81.2%	82.0%	80.5%	75.0%	80.1%	80%		
FH	Booking Efficiency	48.5%	21.1%	22.2%	22.0%	18.5%	21.5%	20.8%	19.6%	20.6%	20.9%	19.9%	20.3%	17.4%	19.6%	20%	>=95%	<85%
FH	N° OP clinics cancelled by hospital < 6 weeks (for avoidable reasons)	107	4	6	21	9	5	13	11	9	22	14	10	3	6	64		
FH	N° Patients cancelled by hop with < 6 wks notice for avoidable reasons																	
FH	% OP clinics cancelled by hospital with < 6 wks notice for avoidable reasons out of all scheduled clinics	2.2%	0.5%	0.8%	2.7%	1.3%	0.6%	1.7%	1.4%	1.2%	2.7%	1.7%	1.2%	0.4%	0.8%	1.3%	<=5%	>8%
Average length of stay																		
FH	Non-elective Average LOS	1.40	0.96	0.82	0.80	0.99	0.84	0.93	0.88	0.82	0.95	0.79	0.90	1.00	0.84	0.88	UQ <=3.23 Med <=3.65	LQ >4.29
FH	Elective Average LOS	2.73	2.59	0.55	3.07	2.43	2.21	1.50	2.50	0.83	2.65	1.17	1.08	2.67	2.50	1.86	UQ <=2.40 Med <=3.12	LQ >3.67

Efficiency

Site		FY 17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Target	Threshold
Outpatients																		
FPH	Did not attend (DNA) rate %	8.0%	11.7%	10.8%	9.4%	9.2%	9.5%	8.2%	8.9%	9.9%	9.8%	7.4%	8.8%	7.9%	5.7%	8.2%	UQ <=9.3% Med <=11.4%	LQ >13.6%
FPH	Outpatient new to follow-up ratio	1.05	1.06	1.04	0.93	1.04	0.91	1.00	0.92	1.00	1.01	1.18	1.07	1.22	0.94	1.06	UQ <=0.90 Med <=1.21	LQ >1.87
FPH	Number of patients waiting for overdue follow up appointments																	
Outpatient utilisation																		
FPH	Outpatient clinic session utilisation	75.5%	75.1%	80.0%	81.9%	69.3%	80.1%	78.2%	76.7%	79.1%	75.2%	78.4%	75.9%	71.8%	76.5%	76%		
FPH	Booking Efficiency	72.4%	69.2%	71.3%	71.5%	67.7%	69.2%	71.3%	67.4%	71.4%	66.6%	64.6%	68.6%	63.8%	64.8%	67%	>=95%	<85%
FPH	N° OP clinics cancelled by hospital < 6 weeks (for avoidable reasons)	71	3	4	11	7	3	8	3	8	13	10	5	1	2	39		
FPH	N° Patients cancelled by hosp with < 6 wks notice for avoidable reasons																	
FPH	% OP clinics cancelled by hospital with < 6 wks notice for avoidable reasons out of all scheduled clinics	2.1%	1.2%	1.4%	3.8%	2.7%	1.0%	2.9%	1.0%	2.9%	4.1%	3.4%	1.7%	0.3%	0.7%	2.2%	<=5%	>8%
Average length of stay																		
FPH	Non-elective Average LOS	1.40	1.91	0.95	1.41	1.30	1.36	1.57	1.54	1.52	2.45	1.33	1.57	1.47	1.16	1.52	UQ <=0.98 Med <=1.26	LQ >1.67
FPH	Elective Average LOS	2.73	3.00		1.00		8.00			1.00	1.50	1.50	2.00	2.33	8.50	2.77	UQ <=1.20 Med <=1.96	LQ >3.41

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Efficiency

Site		FY 17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Target	Threshold
Outpatients																		
HWP	Did not attend (DNA) rate %	6.8%	8.3%	6.7%	7.7%	6.5%	6.5%	5.9%	6.6%	6.5%	7.1%	7.1%	8.3%	7.9%	6.6%	7.3%	UQ <=5.7% Med <=7.0%	LQ >9.0%
HWP	Outpatient new to follow-up ratio	1.44	1.46	1.45	1.51	1.49	1.25	1.05	1.27	1.29	1.27	1.29	1.55	1.44	1.13	1.33	UQ <=1.00 Med <=1.38	LQ >2.06
HWP	Number of patients waiting for overdue follow up appointments																	
HWP	OP Medical - new to follow-up ratios		1.9	1.8	1.8	1.6	1.6	1.6	1.8	1.8	1.7	1.6	1.8	1.8	1.6		<1.8	2
HWP	OP Medical - cancellation rates		10.7%	9.6%	9.9%	9.4%	10.8%	9.6%	10.5%	9.7%	8.5%	8.0%	9.2%	10.6%	7.6%			
HWP	OP Medical - did not attend (DNA) rates %		11.2%	9.4%	9.8%	9.4%	10.5%	10.2%	9.5%	10.3%	9.3%	10.8%	12.2%	11.8%	9.3%		<9%	10%
HWP	OP Surgical new to follow-up ratios		0.5	0.4	0.6	0.5	0.7	0.5	0.4	0.5	0.8	0.8	0.8	0.6	0.9		<1.8	2
HWP	OP Surgical - cancellation rates		9.6%	11.3%	9.9%	8.8%	9.4%	8.3%	11.0%	4.5%	4.5%	4.9%	2.6%	5.0%	4.2%			
HWP	OP Surgical - did not attend (DNA) rates %		7.6%	7.7%	11.2%	7.1%	7.9%	7.5%	8.1%	7.4%	6.4%	5.3%	6.7%	10.0%	5.5%		<9%	10%
Outpatient utilisation																		
HWP	Outpatient clinic session utilisation - Wexham	85%	91%	89%	89%	85%	92%	85%	86%	84%	89%	87%	85%	80%	84%	85%		
HWP	Outpatient clinic session utilisation - Heatherwood	62%	76%	77%	65%	80%	88%	76%	68%	76%	66%	67%	73%	62%	68%	68%		
HWP	Booking Efficiency	36%	14%	13%	13%	11%	13%	12%	12%	12%	13%	12%	12%	10%	12%	12%	>=95%	<85%
HWP	N° OP clinics cancelled by hospital < 6 weeks (for avoidable reasons)	36	1	2	10	2	2	5	8	1	9	4	5	2	4	25		
HWP	N° Patients cancelled by hosp with < 6 wks notice for avoidable reasons																	
HWP	% OP clinics cancelled by hospital with < 6 wks notice for avoidable reasons out of all scheduled clinics	2.5%	0.2%	0.4%	2.0%	0.5%	0.4%	1.1%	1.6%	0.2%	1.8%	0.8%	0.9%	0.4%	0.8%	0.8%	<=5%	>8%
Average length of stay																		
HWP	Average length of stay - non-elective		0.79	0.80	0.72	0.96	0.76	0.85	0.80	0.72	0.71	0.70	0.81	0.93	0.74	0.8	UQ <=3.37 Med <=3.78	LQ >4.33
HWP	Average length of stay - elective		2.55	0.55	3.21	2.43	1.89	1.50	2.50	0.82	2.75	1.00	1.00	2.75	1.50	1.7	UQ <=2.54 Med <=3.18	LQ >4.01

Activity

Site		FY 17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD
Outpatients - Specialty																
FH	Total number of OP referrals (from all sources; to all clinicians)	15,367	1,127	1,488	1,414	1,210	1,293	1,142	1,051	1,179	1,264	1,121	1,041	908	1,107	6,620
FH	Number of OP new/first attendances	14,583	1,125	1,308	1,320	1,016	1,425	1,383	1,272	1,267	1,316	1,240	1,214	1,082	1,239	7,358
FH	Number of OP follow-up attendances	18,447	1,469	1,673	1,628	1,327	1,579	1,409	1,442	1,489	1,525	1,555	1,597	1,452	1,271	8,889
FH	Total number of OP attendances	33,030	2,594	2,981	2,948	2,343	3,004	2,792	2,714	2,756	2,841	2,795	2,811	2,534	2,510	16,247
Inpatients - Specialty																
FH	Number of non-elective inpatient discharges	10,076	811	963	1,064	966	893	815	936	775	790	747	762	563	847	4,484
FH	Number of elective inpatient discharges	227	22	11	16	14	19	12	16	23	26	12	12	16	13	102
Outpatients - Specialty																
FPH	Total number of OP referrals (from all sources; to all clinicians)	5,202	343	538	449	407	389	375	408	388	421	435	358	363	441	2,406
FPH	Number of OP new/first attendances	6,553	461	605	655	481	637	642	629	612	616	598	632	516	693	3,667
FPH	Number of OP follow-up attendances	6,848	490	630	608	502	578	639	581	612	621	698	678	633	641	3,883
FPH	Total number of OP attendances	13,401	951	1,235	1,263	983	1,215	1,281	1,210	1,224	1,237	1,296	1,310	1,149	1,334	7,550

Activity

Site		FY 17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD
Inpatients - Specialty																
FPH	Number of non-elective inpatient discharges	1,315	123	140	119	70	109	94	100	97	108	105	92	76	135	613
FPH	Number of elective inpatient discharges	11	2	0	1	0	1	0	0	1	2	4	1	3	1	12
FPH	Medical Paediatric admissions	2,553	218	281	282	215	226	197	227	200	232	213	182	154	238	1,219
FPH	All other specialities admissions	1,447	128	153	124	95	135	108	112	111	106	126	133	129	142	747
FPH	Admissions up to 10 days	12	1	2	1	0	0	1	2	2	1	2	0	1	3	9
FPH	Admissions over 10 days - 2 years	1,513	132	174	189	132	136	119	125	102	118	96	86	89	135	626
FPH	Admissions over 2 - 15 years	2,327	204	252	201	166	210	174	205	203	203	232	216	194	226	1,274
FPH	Admissions 16 - 18 years	102	12	7	12	9	12	7	5	3	5	2	4	4	3	21
FPH	High Dependency - HDU Occupied Bed Days	0														0
FPH	High Dependency - HDU Episodes of Care	0														0
FPH	All Surgical spells	1,734	160	186	144	125	163	127	137	134	132	153	158	124	156	857
FPH	Surgical Non-elective spells	918	91	107	63	68	89	69	72	73	85	90	84	44	78	454
FPH	Retrievals to PICU	31	3	4	8	3	1	1	3	2	2	1	2	0	1	8
FPH	Time critical transfer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FPH	Transfers in from another Hospital	36	2	0	5	4	7	3	5	6	2	5	5	1	6	25
FPH	Transfers out to another Hospital	72	5	7	5	7	5	6	10	3	2	4	8	8	6	31
FPH	Surgical Transfers	13	2	1	No data	2	1	2	1	1	1	2	4	1	2	11
FPH	Number of CAHMS patients admitted over 72 hours	17	3	2	1	0	1	1	1	1	3	2	0	2	2	10
Paediatric Assessment Unit																
FPH	Paediatric Assessment Unit (PAU)	4,200	289	414	485	380	421	426	429	453	468	413	422	380	496	2,632
FPH	Number on Ambulatory IV Antibiotics	863	71	103	98	80	81	101	No data	54	45	56	69	37	82	343
FPH	Ward attenders	1,128	92	73	85	109	99	81	107	43	31	89	76	35	37	311
FPH	Oncology patients attending	236	25	22	24	no data	no data	25	23	18	no data	12	23	No data	TBC	53

Activity

Site		FY 17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD
Outpatients - Specialty																
HWP	Total number of OP referrals (from all sources; to all clinicians)	10,165	784	950	965	803	904	767	643	791	843	686	683	545	666	4,214
HWP	Number of OP new/first attendances	8,030	664	703	665	535	788	741	643	655	700	642	582	566	546	3,691
HWP	Number of OP follow-up attendances	11,599	979	1,043	1,020	825	1,001	770	861	877	904	857	919	819	630	5,006
HWP	Total number of OP attendances	19,629	1,643	1,746	1,685	1,360	1,789	1,511	1,504	1,532	1,604	1,499	1,501	1,385	1,176	8,697
HWP	OP Medical - New	5,286	454	480	482	395	552	491	473	430	480	488	441	366	453	2,658
HWP	OP Medical - Follow up	9,465	856	850	868	651	859	766	834	763	832	766	795	664	737	4,557
HWP	OP Medical - total number of attendances	14,751	1310	1330	1350	1046	1411	1257	1307	1193	1312	1254	1236	1030	1190	7,215
HWP	OP Surgical Specialties- New	398	43	22	38	34	15	34	45	29	43	31	33	49	25	210
HWP	OP Surgical Specialties - Follow up	204	22	8	23	18	11	16	16	15	33	25	28	30	22	153
HWP	OP Surgical Specialties - total number of attendances	601	65	29	61	52	26	50	61	44	76	56	61	79	47	363
HWP	OP Visiting Consultants Medical	69	7	0	9	10	9	0	0	0	0	6	9	10	11	36
HWP	OP Visiting Consultants Surgical	113	9	14	15	7	4	10	14	8	5	9	0	0	0	22
HWP	Urgent Review Clinic Attendances	563	45	53	46	48	39	45	39	39	64	41	56	31	40	271
HWP	Nurse led blood clinic	1,204	81	109	82	88	113	102	80	125	105	105	110	92	85	622
HWP	Nurse led dressing clinic	641	44	51	54	58	59	33	54	45	46	40	68	58	39	296
HWP	Outreach - CCN Actvity	3,658	258	278	301	245	288	280	298	332	259	285	320	255	208	1,659
HWP	Outreach - ANP Activity	1,940	144	199	138	101	112	75	106	92	94	68	91	98	44	487

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Activity

Site		FY 17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD
Inpatients - Specialty																
HWP	Number of non-elective inpatient discharges	8,761	688	823	945	896	784	721	836	678	682	642	670	487	712	3,871
HWP	Number of elective inpatient discharges	216	20	11	15	14	18	12	16	22	24	8	11	13	12	90
HWP	All Paediatric Spells	8,977	708	834	960	910	802	733	852	700	706	650	681	500	724	3,961
HWP	Admissions up to 10 days	28	3	2	0	3	4	5	2	0	2	4	3	1	0	10
HWP	Admissions over 10 days - 2 years	1,159	79	122	107	111	111	86	103	93	67	87	87	62	77	473
HWP	Admissions over 2 - 15 years	3,300	293	298	290	235	279	257	277	249	319	290	281	230	300	1,669
HWP	Admissions 16 -18 years	280	19	29	28	23	28	29	19	24	22	23	20	20	22	131
HWP	All Medical - Destination Ward 24 (incl via PAU)	2,646	222	237	244	229	248	219	245	207	210	205	181	130	223	1,156
HWP	Elective Medical -Destination Ward 24 (incl via PAU)	114	3	8	7	6	7	12	9	11	18	1	8	11	9	58
HWP	All Medical - Direct Admissions to Ward 24 (not via PAU)	673	60	49	50	57	50	58	66	72	80	57	53	51	73	386
HWP	High Dependency - HDU Occupied Bed Days	1,579	133	127	153	139	126	115	154	133	104	104	118	54	98	611
HWP	High Dependency - HDU Episodes of Care	576	47	42	55	44	56	44	55	45	40	38	32	17	53	225
HWP	All Surgical spells	2,121	172	214	181	143	174	158	156	159	200	199	210	183	176	1,127
HWP	Surgical Non-elective spells	883	56	87	73	53	74	49	51	54	71	85	74	62	73	419
HWP	Retrievals to PICU	32	1	4	5	3	4	3	6	0	2	1	1	2	0	6
HWP	Time critical transfers	4	1	0	1	0	0	0	1	0	0	0	0	0	0	0
HWP	Transfers in from another Hospital	15	0	3	1	0	2	2	0	0	0	1	1	0	2	4
HWP	Transfers out to another Hospital	92	7	9	3	10	10	2	6	5	12	10	5	2	7	41
HWP	Surgical Transfers (as subset of all)	24	2	3	1	2	6	0	5	2	6	4	0	2	6	20
HWP	Number of CAHMS patients admitted over 72 hours	8	3	2	0	1	0	0	0	0	0	0	0	0	0	0
Paediatric Assessment Unit																
HWP	Paediatric Assessment Unit (PAU) attendance (excl planned reviews)	7,493	569	661	840	709	703	623	749	592	591	566	571	382	586	3,288
HWP	PAU Attenders, GP Emergency Ref	2,652	198	227	322	270	230	217	270	184	194	171	191	126	201	1,067
HWP	PAU Attenders, A&E Dept	3,300	268	289	345	300	288	261	315	246	235	260	240	138	238	1,357
HWP	PAU Attenders, Other Emergency	1,538	103	145	172	139	185	145	164	162	162	135	140	118	147	864
HWP	PAU Attenders, MDU incl IV Antibiotics	1,748	127	151	194	156	163	161	180	170	160	153	116	134	130	863
HWP	Number on Ambulatory IV Antibiotics	635	28	22	68	41	42	53	122	15	20	75	56	44	56	266
HWP	GP Drop-in Blood Clinic Attendances - Number of children having blood tests (WN420)	3,112	247	294	239	197	297	330	252	296	277	292	206	261	205	1,537

Specialty dashboard - summary

Specialty:	**Neonatal**
Quality committee month:	**November 2018**
Data month:	**September 2017 - September 2018**
Chief of service:	**Joanne Philpot Clinical lead: J Aspel (WX) and S Jaiswal (FP)**
Presented by:	**J Philpot**

RAG key	
	Achieving target
	Between target and threshold (where applic)
	Worse than target or threshold (where applic)
↓ or ↑	*- improving performance*
↓ or ↑	*- worsening performance*
↔	*- no change*

Key measures	Frimley Health NHS FT		Frimley Park Hospital		Heatherwood & Wexham Park Hospitals	
	Performance	Change	Performance	Change	Performance	Change
Total cot occupancy			77%	↑	75%	↑
Number of term admissions (>37 weeks) as a % of total admissions			46%	↓	29%	↓
Number of term admissions (>37 weeks) as a % of live births			4.4%	↓	2.8%	↓
Serious incidents requiring investigation (SIRIs)			0	↔	0	↔
Incidents triggering a duty of candour response			0	↔	0	↔
No. of medication errors resulting in severe harm (prescription/administration)			0	↔	0	↔
All deaths of babies born at FPH/HWP before discharge home			0	↔	0	↔
Number of babies transferred out less than 27/40 gestation			0	↓	0	↔
Number of babies transferred out more than 27/40 gestation			3	↓	4	↓

	Key messages	
Domain	**FPH**	**HWP**
Safe	NO SI's, DOC or medication errors with harm. Hand Hygiene continues at 100%. Increased number of emergency calls from CDS. Staffing assurance <90% for both trained and untrained staff. No red flags raised as acuity met on Badgernet staffing tool.	No never events or SIs. Medication incidents involving prescription or administration errors = 4 increase from last month of 2. Hand hygiene remains at 100% compliance. Registered staff fill rate = 100% with unregistered remaining low due to sickness and unfilled posts.
Effective	2 babies sent for therapeutic cooling, Grade 1 HIE. Meconium aspiration x1. National audit and local audit data scores good. Avoidable term admissions to neonatal care reduced and below national target.	No deaths. 1 baby admitted with meconium aspiration and 2 babies admitted with temperatures less than 36.5o Celsius - part of national target (HOBNOBS). Term admissions as a % of live births well below the national target at 2.9% (5% target). Slight decrease in compliance of nursing documentation and observation audits at 90% previously 100%
Caring	Friends and Family 100%, no complaints	No complaints received and FFT recommendation at 100%
Responsive	Retinopathy screening 100%, maintaining safe early discharge rates within national target.	Maintaining ROP screening at 100% and follow up clinic based in Children's Clinic working well with support from FP Ophthalmologists and neonatal outreach nurses.
Well led	Mandatory training rates 92-100%. Medical appraisal just below desired 90% at 89%, nursing 92%	Appraisal rates nearing 100% compliance - in Sept was 95% and currently 98% . L3 safeguarding children compliance at 97%
Efficiency		Within budget financially
Activity	Maternities high, admission rate to NNU 9.4% of total births. No unit closures. High dependency activity increased.	Cot occupancy at 75% with 70% at Intensive care level compared to 42% in previous month. 4 ex utero transfers to tertiary units - all over 27/40 gestation and 3 babies transferred to TCU at WPH

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Safe

Site		FY 17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Target	Threshold
Incident reporting - NNU ward																		
FPH	Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FPH	Number of serious incidents requiring investigation (SIRIs)	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FPH	Number of incidents triggering a duty of candour	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FPH	Number of medication errors resulting in severe harm (prescription/administration)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FPH	Number of babies with extravasation injury	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	>1
FPH	Neonatal emergency calls	136	16	16	11	11	20	7	8	13	13	11	11	14	17	79	TBC	TBC
FPH	Number of medication errors (all)(prescription/administration)	4	0	2	0	0	1	0	0	0	1	0	1	0	0	2	TBC	TBC
Infection control - NNU ward																		
FPH	MRSA Bacteraemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FPH	Hand Hygiene (NNU)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	<95%
FPH	Antimicrobial prescribing - Documentation of indication on drug chart *		100%		100%			100%		supplied bi-annually						N/A	=100%	<80
FPH	Antimicrobial prescribing - Compliance with treatment guidelines **		100%		100%			100%								N/A	=100%	<80
FPH	Number of babies with catheter associated bloodstream infection	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Safe staffing - NNU ward																		
FPH	Registered nurse day	86%	80%	88%	95%	87%	93%	90%	88%	91%	87%	85%	88%	89%	77%	86%	>=90%	none
FPH	Unregistered care staff day	91%	97%	87%	93%	94%	97%	82%	100%	107%	68%	113%	97%	90%	110%	97%	>=90%	none
FPH	Registered nurse night	99%	103%	105%	100%	106%	105%	101%	101%	102%	97%	98%	96%	102%	96%	98%	>=90%	none
FPH	Unregistered care staff night	82%	67%	74%	93%	74%	74%	68%	90%	90%	97%	87%	97%	84%	87%	90%	>=90%	none

Safe

Site		FY 17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Target	Threshold
Incident reporting - NNU																		
HWP	Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HWP	Number of serious incidents requiring investigation (SIRIs)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HWP	Number of incidents triggering a duty of candour	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HWP	No. of medication errors resulting in severe harm (prescription/administration)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HWP	Number of babies with extravasation injury	2	0	0	0	0	0	0	0	2	0	0	0	0	0	2	0	>1
HWP	Neonatal emergency calls	28				12	5	5	6	5	7	8	11	11	12	54	TBC	TBC
HWP	Number of medication errors (all)(prescription/administration)	9	2	3	2	0	0	0	0	4	1	2	2	4	4	17	TBC	TBC
Infection control - NNU																		
HWP	MRSA Bacteraemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HWP	Hand Hygiene (NNU)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	97%	100%	100%	100%	100%	<95%
HWP	Antimicrobial prescribing - Documentation of indication on drug chart *		100%		100%			100%		supplied bi-annually							=100%	<80
HWP	Antimicrobial prescribing - Compliance with treatment guidelines **		100%		100%			100%									=100%	<80
HWP	Number of babies with catheter associated bloodstream infection	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	
Safe staffing - NNU																		
HWP	Registered nurse day	99%	106%	90%	83%	109%	105%	97%	81%	84%	81%	81%	101%	96%	102%		>=90%	none
HWP	Unregistered care staff day	72%	73%	74%	64%	61%	69%	69%	75%	81%	79%	68%	64%	56%	63%		>=90%	none
HWP	Registered nurse night	97%	105%	85%	86%	105%	108%	92%	81%	85%	82%	79%	92%	93%	100%		>=90%	none
HWP	Unregistered care staff night	74%	71%	65%	58%	76%	79%	75%	79%	61%	66%	67%	82%	63%	69%		>=90%	none

Effective - Mortality

Site		FY 17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Target	Threshold
Neonatal Mortality and Morbidity																		
FPH	Number of babies with Necrotizing enterocolitis (NEC)	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
FPH	Number of babies sent for therapeutic cooling	8	0	3	1	0	2	0	1	0	0	0	1	2	2	5	0	none
FPH	Number of babies with diagnosis of Grade 3 Hypoxic Ischaemic Encephalopathy at discharge to home	2	0	0	1	0	0	0	0	0	0	0	0	1	0	1	0	>1
FPH	Number of babies with pneumothorax	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	none
FPH	Number of babies with meconium aspiration	2	0	1	0	0	0	0	1	0	0	0	0	1	1	2	0	none
FPH	All deaths of babies born at FPH before discharge home	5	0	1	0	0	0	0	1	2	0	0	1	0	0	3	0	
FPH	All deaths of babies born at FPH and then transferred to another unit	2	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	

Neonatal Mortality and Morbidity																		
HWP	Number of babies with Necrotizing enterocolitis (NEC)	3	0	1	0	0	1	0	1	0	1	0	0	0	0	1	0	
HWP	Number of babies sent for therapeutic cooling	2	0	0	0	0	0	1	0	1	0	2	1	1	0	5	0	none
HWP	Number of babies with diagnosis of Grade 3 Hypoxic Ischaemic Encephalopathy at discharge to home	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	>1
HWP	Number of babies with pneumothorax	4	0	0	1	0	0	0	0	0	0	1	0	1	0	5	0	none
HWP	Number of babies with meconium aspiration	10	0	1	2	1	1	2	1	0	0	0	1	1	1	3	0	none
HWP	All deaths of babies born at HWP before discharge home	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
HWP	All deaths of babies born at HWP and then transferred to another unit	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	

Effective - Clinical performance measures

Site		FY 17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Target	Threshold
National Neonatal Audit programme (NNAP)																		
FPH	All babies <28+6 weeks have their temperature taken within the 1st hour after birth	100%	100%	100%	100%	100%	100%	100%	100%	50%	100%	100%	100%	100%	100%		>=90%	
FPH	Maternal steroids given if baby delivers between 24+0 and 34+6 weeks gestation	89%	100%	83%	90%	91%	100%	100%	80%	89%	80%	91%	100%	100%	83%		>=97%	none
FPH	Documented consultation with parents by senior member of the neonatal team within 24 hours of admission	98%	97%	97%	100%	100%	100%	100%	100%	100%	97%	97%	89%	100%	94%		>90%	
FPH	NNAP data completeness	89%	0.95	87%	87%	84%	94%											
Mother and breastfeeding																		
FPH	Receiving breast milk at discharge (babies < 33 weeks gestation at birth)	75%	100%	50%	67%	67%	100%	50%	100%	100%	71%	n/a	33%	75%	100%		>60%	<50%
30 day Readmission Rates																		
FPH	Number of readmissions from home to neonatal unit	23	7	4	4	0	1	1	4	3	4	4	6	8	4	26		
Neonatal clinical measure																		
FPH	Number of preterm babies admitted with hypothermia (< 36.5°C)	11	2	3	0	0	0	0	0	1	0	0	0	0	0	0		
FPH	Parenteral nutrition <29 weeks <1000g	100%	100%	N/A	100%	100%	100%	N/A	100%	100%	100%	n/a	n/a	100%	N/A			
FPH	Number of term admissions (>37 weeks) against all admissions to Neonatal	50%	68%	54%	37%	41%	52%	48%	46%	35%	43%	45%	52%	61%	46%		<=60%	>70%
FPH	Number of term admission (>37 weeks) as a % of live births	5.0%	6.1%	6.1%	3.8%	4.0%	4.9%	2.3%	5.3%	3.0%	3.3%	2.9%	5.6%	7.3%	4.4%		<=6%	>10%
Audit																		
FPH	Observation audit	100%		N/A		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
FPH	Name band audit	99%		N/A	93%	100%	100%	100%	100%	100%	100%	83%	100%	100%	100%			
FPH	Documentation audit	99%		N/A		99%	99%	100%	98%	98%	100%	98%	98%	100%	100%			
FPH	National audits	N/A		N/A									1	1	1			

Effective - Clinical performance measures

Site		FY 17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Target	Threshold
National Neonatal Audit programme (NNAP)																		
HWP	All babies <28+6 weeks have their temperature taken within the 1st hour after birth	100%	100%	100%	100%	100%	100%	100%	100%	100%	N/A	100%	100%	100%	100%		>=90%	
HWP	Maternal steroids given if baby delivers between 24+0 and 34+6 weeks gestation	94%	92%	100%	100%	88%	75%	88%	100%	86%	100%	100%	100%	90%	92%		>=97%	none
HWP	Documented consultation with parents by senior member of the neonatal team within 24 hours of admission	98%	92%	100%	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		>90%	
HWP	NNAP data completeness	100%	100%	100%	100%	100%	98%	100%	100%	100%	100%	100%	100%	100%	100%			
Mother and breastfeeding																		
HWP	Receiving breast milk at discharge (babies < 33 weeks gestation at birth)	69%	28%	67%	67%	40%	86%	100%	100%	75%	75%	100%	33%	100%	75%		>60%	<50%
30 day Readmission Rates																		
HWP	Number of readmissions from home to neonatal unit		6	3	8	1	2	4	4	1	1	3	3	1	2	10		
Neonatal clinical measure																		
HWP	Number of preterm babies admitted with hypothermia (< 36.5°C)	16	2	2	2	0	1	1	1	1	2	0	0	1	2	5		
HWP	Parenteral nutrition <29 weeks <1000g	13	0	3	1	2	0	0	0	0	0	4	1	1	0	6		
HWP	Number of term admissions (>37 weeks) against all admissions to Neonatal	48%	45%	50%	50%	46%	53%	50%	48%	38%	43%	38%	54%	44%	29%		<=60%	>70%
HWP	Number of term admission (>37 weeks) as a % of live births	5%	5.9%	4.7%	6.3%	5.1%	4.8%	5.6%	4.6%	3.8%	3.4%	3.3%	4.8%	3.0%	2.8%		<=6%	>10%
Audit																		
HWP	Observation audit	98%	100%	100%	100%	90%	100%	100%	91%	91%	100%	100%	100%	90%	90%			
HWP	Name band audit	98%	100%	100%	100%	100%	100%	100%	90%	90%	100%	100%	100%	100%	100%			
HWP	Documentation audit	96%	95%	90%	not done	98%	98%	98%	98%	98%	83%	95%	95%	90%	90%			
HWP	National audits	12	1	1	1	1	1	1	1	1	1	1	1	1	1			

Caring

Site		FY 17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Target	Threshold
Friends and family test - % who would recommend this trust to friends and family if they needed similar care or treatment																		
FPH	Friends and family test - inpatient survey (*based on responses for NNU*)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		>=90%	<87%
Complaints																		
FPH	Number of complaints received	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Compliments																		
FPH	Number of compliments received	77	3	8	7	8	9	7	6	6	11	11	13	14	10	65		
Friends and family test - % who would recommend this trust to friends and family if they needed similar care or treatment																		
HWP	Friends and family test - inpatient survey (*based on responses for NNU*)	99%	100%	100%	100%	100%	92%	100%	100%	100%	100%	100%	100%	100%	100%		>=90%	<87%
Complaints																		
HWP	Number of complaints received	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Compliments																		
HWP	Number of compliments received	182	21	15	16	22	25	20	15	12	14	18	15	10	8	77		

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Responsive

Site		FY 17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Target	Threshold
Responsive																		
FPH	Babies <1501g or <32+0 weeks have ROP screen in accordance with current guideline	98%	100%	100%	75%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	
FPH	Timely discharge <36 weeks	87%	50%	100%	N/A	100%	100%	100%	100%	N/A	66%	100%	66%	N/A	60%		>=60%	

Responsive																		
HWP	Babies <1501g or <32+0 weeks have ROP screen in accordance with current guideline	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	
HWP	Timely discharge <36 weeks	52%	53%	45%	86%	66%	33%	42%	50%	0%	100%	N/A	0%	N/A	100%		>=60%	50%

Well led

Site		FY 17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Target	Threshold
Agency spend - neonatal																		
FH	Agency spend - Doctors £000s	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0		
FH	Agency spend - Nursing £000s	£18,376	£4,284	£0	£1,172	£1,700	£9,300	£1,921	£0	£0	-£579	£324	£1,179	£0	-£267	£657		
FH	Agency spend - Other £000s	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0		
FH	Agency spend - Total £000s	£18,376	£4,284	£0	£1,172	£1,700	£9,300	£1,921	£0	£0	-£579	£324	£1,179	£0	-£267	£657		
FH	Agency spend as % of pay bill	0.6%	1.6%	0.0%	0.4%	0.7%	3.4%	0.7%	0.0%	0.0%	-0.2%	0.1%	0.5%	0.0%	-0.1%	0.1%	<=8%	>10%
Nursing *																		
FPH	% of shifts staffed to Toolkit		69.2%	43.5%	35.0%	45.1%	64.5%	83.9%	58.0%	51.7%	97.0%	77.0%	77.0%	58.0%	45.0%		national average	
FPH	% of shifts with Team Leader	new	15.3%	14.5%	13.3%	6.40%	20.7%	19.6%	16.3%	11.7%	14.5%	18.3%	11.3%	11.3%	20.0%		national average	
FPH	% of shifts staffed QIS to Toolkit		96.0%	69.3%	70.0%	88.7%	75.8%	100.0%	87.1%	86.7%	83.9%	95.0%	90.3%	91.9%	65.0%		national average	
FPH	Nursing staff qualified in Specialty (QIS)		71.0%	71.0%	71.0%	71.0%	73.0%	80.0%	80.0%	79.3%	79.3%	79.3%	79.3%	79.3%	76.6%		70%?	
Turnover, sickness																		
FPH	Turnover rate %		12.8%	12.7%	12.5%	12.50%	10.00%	7.50%	7.50%	7.32%	9.76%	9.76%	7.32%	7.32%	7.32%		<=14.5%	>15.0%
FPH	Staff sickness rates		1.9%	3.4%	1.5%	1.68%	1.66%	2.55%	3.36%	1.60%	3.10%	5.25%	4.57%	3.40%	3.13%		<=2.9%	>3.2%
Vacancies																		
FPH	Nursing vacancies - trained (WTE)		1.71	1.71	1.71	0.6	1.9	0.92	1	1	1	1						
FPH	Nursing vacancies - untrained (WTE)		1.16	1.77	1.92	0.3	1.31	0	0	0	0	0	0	0				
FPH	Nursing vacancy rates - trained		4.1%	5.5%	7.1%	7.1%	7.1%	7.1%	10.7%	10.7%	10.7%	10.7%	3.7%	7.4%	7.7%		<=11.5%	>13.0%
FPH	Nursing vacancy rates - untrained		2.9%	0.0%	0.0%	0%	0%	0%	0%	0%	0%	0%	0%	0%				
Appraisals																		
FPH	Staff appraisal rate - medical staff %	NEW	96%	100%	96%	89%	96%	100%	89%	97%	93%	96%	100%	100%	89%	97%	>=95%	<85%
FPH	Staff appraisal rate - non-medical staff %	NEW	100%	96%	91%	91%	89%	89%	78%	89%	89%	92%	92%	90%	95%		>=80%	<70%
FPH	Nursing appraisals		97%	95%	96%	96%	0.87	80%	98%	97%	89%	92%	98%	98%	92%		>=80%	<70%
Training																		
FPH	Mandatory training completed (consultants) %	NEW	100%	78%	82%	82%	68%	77%	78%	86%	89%	89%	92%	93%	93%			
FPH	Mandatory training completed (all staff) %	NEW	91%	92%	92%	90%	79%	89%	90%	88%	91%	89%	93%	96%	98%		>=85%	<60%
FPH	NLS trained %	NEW	100%	100%	100%	86%	86%	87%	100%	100%	100%	100%	100%	100%	100%		100%	
FPH	% of nurses compliant with children's safeguarding training (Level 3)	NEW	100%	100%	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		>90%?	
Friends and family test for staff - FPH only not by directorate **																		
FPH	% recommending here as a place to work		73%		67%			73%		in arrears	in arrears	in arrears		71%			Q1, 2, 4 >=70% Q3 >= 66%	Q1, 2, 4 <62% Q3 <62%
FPH	% recommending here as a place for care		94%		85%			92%		in arrears	in arrears	in arrears		92%			Q1, 2, 4 >=86% Q3 >=76%	Q1, 2, 4 <79% Q3 <70%

** please note this measure is benchmarked against national average : RAG: >5% below amber >10% below Red. These figures change monthly and are benchmarked against Level 2 units only.*

*** Friends and family test (FFT) replaced by National Staff Survey in Q3; the question is worded slightly differently "If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation". Note the target and threshold for Q3 is based on the National Staff Survey results; Q1, 2 and 4 are based on FFT results*

Well led

Site		FY 17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Target	Threshold
Nursing *																		
HWP	% of shifts staffed to Toolkit		30%	83%	73%	25%	5%	28%	55%	56%	87%	58%	53%	42%	13%		national average	
HWP	% of shifts with Team Leader		7%	15%	18%	16%	14%	23%	19%	23%	23%	25%	24%	18%	20%		national average	
HWP	% of shifts staffed QIS to Toolkit		80%	96%	82%	68%	26%	59%	88%	62%	100%	40%	66%	50%	42%		national average	
HWP	Nursing staff qualified in Specialty (QIS)		72%	72%	72%	72%	72%	72%	72%	72%	72%	75%	83%	83%	83%		70%	
Turnover, sickness																		
HWP	Turnover rate %		11%	13%	16%	14%	14%	15%	15%	13%	15%	16%	17%	17%	13%		<=14.5%	>15.0%
HWP	Staff sickness rates		2.9%	3.4%	7.1%	9.6%	11.3%	6.5%	6.2%	8.9%	4.6%	6.9%	6.7%	6.7%	8.1%		<=2.9%	>3.2%
Vacancies																		
HWP	Nursing vacancies - trained (WTE)		2.38	6.09	6.09	2.38	2.38	2.38		2.38	2.38	1.38	2.25	1.25	1.25			
HWP	Nursing vacancies - untrained (WTE)		1.06	1.36	1.36	1.06	1.06	1.06	0.06	0.06	0.06	0	0	0	0			
HWP	Nursing vacancy rates - trained		6.5%	15.1%	15.1%	6.5%	17.9%	21.4%	21.4%	21.4%	9.3%	5.9%	9.2%	9.2%	9.2%		<=11.5%	>13.0%
HWP	Nursing vacancy rates - untrained		15.3%	13.6%	13.6%	15.3%						0.0%		0.0%	0.0%			
Appraisals																		
HWP	Staff appraisal rate - medical staff %		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		>=95%	<85%
HWP	Staff appraisal rate - non-medical staff %		78%	88%	80%	80%	73%	77%	84%	89%	91%	93%	88%	78%	95%		>=80%	<70%
HWP	Nursing appraisals		75%	75%	80%	80%	80%	89%	89%	93%	94%	90%	90%	90%	90%		>=80%	<70%
Training																		
HWP	Mandatory training completed (consultants) %		100%	75%	85%	78%	81%											
HWP	Mandatory training completed (all staff) %		79%	86%	88%	89%	76%	89%	90%	89%	87%	89%	90%	89%	91%		>=85%	<60%
HWP	NLS trained %		79%	79%	81%	85%	85%	76%	82%	89%	89%	89%	89%	89%	89%		100%	
HWP	% of nurses compliant with children's safeguarding training (Level 3)		100%	100%	100%	100%	100%	100%	100%	97%	97%	97%	97%	97%	97%		>90%?	
Friends and family test for staff - HWP only not by directorate **																		
HWP	% recommending here as a place to work		62%	64%			70%			in arrears							Q1, 2, 4 >=70% Q3 >= 66%	Q1, 2, 4 <62% Q3 <62%
HWP	% recommending here as a place for care		79%	70%			83%										Q1, 2, 4 >=86% Q3 >=76%	Q1, 2, 4 <79% Q3 <70%

Efficiency

Site		FY 17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Target	Threshold
Finance Spend - neonatal specialty																		
FH	Budget - directorate total (cumulative)	£3,797,459	£1,898,369	£2,214,668	£2,531,181	£2,847,693	£3,164,308	£3,480,884	£3,797,459	£293,527	£587,056	£880,610	£1,182,819	£1,511,194	£1,813,455			
FH	Actual spend - directorate total (YTD)	£3,561,209	£1,805,184	£2,083,039	£2,376,420	£2,658,394	£2,971,994	£3,274,677	£3,561,209	£288,015	£570,290	£853,967	£1,135,498	£1,452,009	£1,752,998			
FH	Variance - directorate total (YTD)	-£236,250	-£93,185	-£131,629	-£154,761	-£189,299	-£192,314	-£206,207	-£236,250	-£5,512	-£16,766	-£26,643	-£47,321	-£59,184	-£60,458		<=0	
FH	Pay - budget (YTD)	£3,384,514	£1,692,257	£1,974,300	£2,256,343	£2,538,386	£2,820,428	£3,102,471	£3,384,514	£261,401	£522,802	£784,204	£1,054,316	£1,350,560	£1,620,672			
FH	Pay - actual spend (YTD)	£3,167,233	£1,600,153	£1,853,039	£2,115,156	£2,361,087	£2,638,091	£2,912,516	£3,167,233	£256,573	£507,999	£765,516	£1,022,281	£1,307,290	£1,579,375			
FH	Pay - spend variance - (YTD)	-£217,281	-£92,104	-£121,261	-£141,186	-£177,298	-£182,337	-£189,955	-£217,281	-£4,828	-£14,804	-£18,688	-£32,035	-£43,270	-£41,297		<=0	
FH	CIPs plan (YTD) - Paeds Mat & Gynae	£993,000	£496,000	£579,000	£662,000	£745,000	£830,000	£910,000	£993,000	£849,100	£170,000	£255,000	£340,000	£659,000	£790,000			
FH	CIPS actual (YTD) - Paeds Mat & Gynae	£993,000	£496,000	£579,000	£662,000	£744,000	£830,000	£910,000	£993,000	£480,800	£82,000	£146,000	£231,000	£648,000	£772,000			
FH	CIPs variance (YTD) - Paeds Mat & Gynae	£0	£0	£0	£0	-£1,000	£0	£0	£0	-£368,300	-£88,000	-£109,000	-£109,000	-£11,000	-£18,000		>=0	

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Activity

Site		FY 17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Target	Threshold
Activity																		
FPH	Total number of Live births	5330	485	461	453	438	447	385	450	421	475	473	477	451	496	2793		
FPH	Unit closure (not accepting admissions)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
FPH	Community - New referrals	80	13	9		12	9	7	7	9	9	6	14	11	14	63		
FPH	Home visits	307	35	32		41	36	30	35	36	36	21	36	33	46	208		
Cot occupancy																		
FPH	Intensive care cot occupancy	34%	25%	50%	35%	39%	58%	0%	60%	40%	32%	27%	24%	63%	52%			
FPH	High Dependency cot occupancy	39%	22%	53%	64%	41%	39%	29%	27%	46%	17%	31%	25%	22%	53%			
FPH	Special Care cot occupancy	102%	139%	108%	110%	88%	81%	92%	110%	116%	104%	102%	107%	129%	102%			
FPH	Total cot occupancy (16 cots)	73%	81%	80%	84%	77%	62%	57%	73%	80%	63%	66%	66%	76%	77%		<=80%	
Admissions																		
FPH	Total Admissions	542	47	54	46	41	42	21	52	37	44	38	53	54	47	273		
FPH	Labour ward	295	18	28	23	26	24	15	30	20	28	27	31	24	29	159		
FPH	Mulberry Birth centre	11	0	3	0	0	3	2	1	0	0	0	1	2	0	3		
FPH	Post natal ward	139	16	10	16	12	10	1	12	6	8	4	9	9	8	44		
FPH	Home	35	7	4	4	0	1	2	4	3	4	4	6	8	4	29		
FPH	Transitional care	26	3	2	2	1	3	2	1	1	3	1	1	3	2	11		
FPH	Transfers from another unit	44	4	7	2	2	4	1	5	8	2	2	5	8	4	29		
FPH	Intensive care cot days	164	15	31	21	24	36	0	37	24	20	16	15	39	31	145		
FPH	High Dependency cot days	503	39	99	116	77	72	49	51	82	32	55	46	40	95	350		
FPH	Special Care cot days	1831	335	269	264	283	200	207	273	278	259	244	248	300	244	1573		
Transfers and Discharges																		
FPH	Ex-utero medical transfers outside network	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0		
FPH	Number of babies transferred out less than 27/40 gestation	2	0	0	2	0	0	0	0	0	0	0	1	2	0	3		
FPH	Number of babies transferred out more than 27/40 gestation	23	3	4	2	0	4	0	1	5	1	1	4	5	3	19		
FPH	Surgical transfers	13	0	1	1	0	1	0	0	2	0	1	1	0	0	4		
FPH	Cardiac transfers	5	0	0	0	1	0	0	1	0	0	0	0	1	0	1		
FPH	Discharge home	119	13	17	10	14	17	12	4	10	17	17	15	16	14	89		
FPH	Discharge to Social care	4	1	1	0	0	0	0	1	0	1	0	1	0	1	3		
FPH	Discharge to Post natal Ward	91	13	4	5	17	5	2	5	5	7	5	9	6	4	36		
FPH	Discharge to Transitional care	227	23	23	27	19	15	9	22	10	21	14	28	21	27	121		

Activity																		
HWP	Total number of Live births	4269	370	363	347	330	350	322	370	316	355	367	352	362	387	2139		
HWP	Unit closure (not accepting admissions)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
HWP	Community - New referrals	135	20	12	10	9	9	13	10	9	9	8	9	12	13	60		
HWP	Home visits	1076	75	81	93	114	114	81	94	93	100	88	78	78	89	526		
Cot occupancy																		
HWP	Intensive care cot occupancy	48%	28%	5%	30%	63%	66%	45%	37%	50%	11%	87%	37%	42%	70%			
HWP	High Dependency cot occupancy	90%	76%	49%	51%	93%	182%	124%	51%	79%	28%	68%	91%	120%	79%			
HWP	Special Care cot occupancy	71%	113%	59%	50%	78%	60%	63%	62%	52%	63%	35%	66%	45%	74%			
HWP	Total cot occupancy (21 cots)	72%	100%	52%	48%	79%	78%	70%	58%	56%	53%	44%	66%	73%	75%		<=80%	
Admissions																		
HWP	Total Admissions	462	48	34	44	37	36	36	35	32	28	32	31	25	38	186		
HWP	Labour ward	252	30	13	24	14	20	15	20	19	21	22	19	19	22	122		
HWP	ISIS Birth Centre	1	0	0	0	0	0	1	0	1	1	0	0	0	0	2		
HWP	Post natal ward	89	10	11	6	12	8	6	6	8	3	2	6	1	6	26		
HWP	Home	29	7	4	8	1	1	4	4	1	1	3	2	1	2	10		
HWP	Transitional care	1	n/a	n/a	n/a	n/a	n/a	1	0	0	0	0	0	0	0	0		
HWP	Transfers from another unit	56	0	5	5	7	5	9	3	3	2	5	4	4	8	26		
HWP	Intensive care cot days	355	17	3	18	39	41	25	23	30	7	52	26	26	42	183		
HWP	High Dependency cot days	979	68	46	46	86	170	104	47	71	26	61	112	112	71	453		
HWP	Special Care cot days	4154	544	291	239	388	298	283	308	251	310	166	224	225	357	1533		
Transfers and Discharges																		
HWP	Ex-utero medical transfers outside network	5	1	0	0	0	2	0	0	0	0	0	0	0	4	4		
HWP	Number of babies transferred out less than 27/40 gestation	6	0	1	0	0	0	1	1	0	0	1	1	0	0	2		
HWP	Number of babies transferred out more than 27/40 gestation	33	1	1	4	3	4	4	4	4	1	5	3	5	4	22		
HWP	Surgical transfers	15	1	1	1	1	2	1	4	1	0	1	0	0	0	2		
HWP	Cardiac transfers	5	0	0	1	0	0	0	0	0	0	0	1	0	1	2		
HWP	Discharge home	266	31	20	22	22	16	18	17	22	19	14	21	11	16	103		
HWP	Discharge to Social care	3	0	0	0	1	0	0	0	0	1	0	1	0	0	2		
HWP	Discharge to Post natal Ward	155	23	10	10	9	10	15	14	6	11	2	7	7	5	38		
HWP	Discharge to Transitional care		n/a	n/a	n/a	n/a	n/a	1	2	0	2	3	1	2	3	11		

		Year to Date (M7)		
		Budget £	Actual £	Variance £
FPH	1820 F1 Paediatrics	1,388,001	1,419,796	31,795
FPH	1822 Neonatal Unit	1,052,633	1,020,672	- 31,961
WPH	7464 Paeds Ward 24 Wph	1,587,152	1,542,405	- 44,747
WPH	7465 Paeds Scbu Wph	1,063,196	1,012,253	- 50,943

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Frimley Health NHS Foundation Trust

Report Title	Chief Executive's Report
Meeting	Board of Directors - Public
Meeting Date	Friday, 7th December 2018
Agenda No.	6.
Report Type	To note
Prepared By	Daryl Gasson, Director of Business Strategy & Performance and James Taylor Head of Communications
Executive Lead	Neil Dardis, Chief Executive Officer
Executive Summary	An overview from the Chief Executive on strategy and partnership working, performance, achievements and other developments for the past month plus the performance and quality update for October 2018.
Background	The Chief Executive's Report forms the introduction to the quality and performance report.
Issues/Actions	
Recommendation	The Board is asked to note the report.
Appendices	Quality and Performance Report

Frimley Health NHS
NHS Foundation Trust

Chief Executive's report
including Quality & Performance update

October 2018

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Contents

This report covers the period from October 2017 to allow comparison with historic performance. However, the targets and exception reports relate to October 2018 for the financial year 2018/19

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RAG key	
	Achieving target
	Between target and threshold (where applicable)
	Worse than target or threshold (where applicable)

Chief executive's overview (1)

Introduction

This report aims to highlight to Board members those areas that will benefit from focussed discussion in today's meeting, note the national context we are currently operating in recognise the developments and achievements of the Trust since we last met.

We are making good progress with the development of our organisational strategy and creating a vision for the next five to 10 years. As part of the research phase we have heard from expert speakers from the King's Fund, BT Futures, NHS Providers and Public Health England and we have held sessions with our clinical directorates with similar sessions planned for corporate areas.

At the last BoDCoG we spent time discussing the strategic issues we will need to address and the executive team has also met to develop a shortlist of issues which we will be engaging stakeholders and staff in the new year. We are now in the process of compiling all the vision statements received from staff and stakeholders and this will help us to finalise our vision.

I am pleased to say the refurbishment of our Greenwood Offices at Heatherwood is complete, bringing corporate teams including HR, finance and IT together in an administrative hub and supporting our 'One Frimley Health' ethos that will ensure our corporate services are among the best and most efficient. It will help to cement our vision for the Heatherwood site to be at the heart of our long term plans.

As our emergency assessment centre near completion we were able to provide guided tours to potential new nursing staff at a recent recruitment fair at Wexham Park. It proved very popular and these facilities and our innovative new models of care mean we are fully established in the EAC for registered nurses for the first time.

Following our visit from the Care Quality Commission last month, we welcomed CQC inspectors back this week so they could continue with the 'well-led' aspect of their inspection. We have also undertaken a use of resources assessment with NHS Improvement, which will feed into the inspection. We are expecting to hear the results of our Trust inspection in the new year.

Chief executive's overview (2)

National context and partnership working

We are expecting NHS England to publish the NHS Long Term Plan in early December. This follows a strategic review in light of the recent NHS long term funding announcement in the summer, including a consultation process that we were able to contribute towards.

A recent report by the King's Fund and the Health Foundation predicts an NHS staff shortage of almost 250,000 by 2030 unless the NHS long-term plan takes measures to strengthen the workforce. At Frimley Health we are already finding new way of working to address the national shortfall, such as our nursing associates programme and a policy to streamline internal transfers.

A process has begun to find a new leader for the Frimley Health and Care ICS after Sir Andrew Morris announced he would be stepping down from the role at the end of this month to focus on his non-executive position on the board of NHS Improvement. The system has made excellent progress and I want to thank him for his fantastic leadership and commitment. The Trust will be involved in this process and we will keep the Board informed. The ICS board has also agreed to the principle of an independent non-executive chair, in line with national guidance. Our Director of Nursing Duncan Burton has been appointed to the ICS Board as the nursing and AHP representative.

The ICS Children and Young People's Board, through which our Paediatrics Chief of Service Jo Philpot is leading some of the system-based work, met for the first time, as did the ICS Quality and Performance Committee. The latter group will drive risk-based assurance and improvement across the system and work continues with the CQC to help design future inspection frameworks. We had a checkpoint meeting recently with NHSE/I, while the meeting agreed the highest 'level 3' maturity for our ICS system we recognised more work is needed to clarify governance arrangements.

Lord Carter, expert in productivity in NHS hospitals and chairman of the review panel examining NHS pathology services, recently attended a board meeting of Berkshire and Surrey Partnership pathology service as an observer and commented that BSPS is a national exemplar whose learning should be replicated across the country. It was also the last board meeting for Dr Ian Fry before his retirement from the role, and I would like to thank Ian for the superb leadership he has given to the service over many years.

Chief executive's overview (3)

Performance overview

Emergency Department performance remains a challenge. Frimley Health's four-hour performance remains above average but dipped in October due to a higher number of sicker patients. Daily dashboards are used to monitor issues and trends and the improvement plan continues to be driven through the task and finish group with support from the ICS Urgent Care Board. Reducing ambulance handover delays remains a priority. There have been ongoing challenges with inpatient screening for sepsis and timely administration of antibiotics for inpatients and patients attending ED. A Trust plan is being implemented in addition to an existing Wexham Park Quality Improvement Plan for ED to improve timing of the 'Sepsis 6' interventions.

Delayed transfer of care (DToC) performance improved in October despite the increasing workload from palliative care and ongoing challenges in relation to packages of care for continuing health care. Discharge coordinators and support from other schemes appear to be effective at saving bed days but further work is required.

The Trust remains one of a minority achieving the 92% referral to treatment (RTT) target and waiting times for cancer diagnosis and treatment continue to be among the very best in the country.

Improvements to reduce mixed sex accommodation breaches remain on plan with the day surgery unit estates work at Heatherwood completed and work started on DSU1 at Frimley Park. A patient leaflet outlining the Trust's policy on same sex accommodation has been produced.

The Trust's stroke service received very positive feedback from a GIRFT (Getting It Right First Time) review. In addition, the latest SSNAP (Sentinel Stroke National Audit Programme) results for the Frimley service covering July-September 2018 were the best ever with an overall team score of 94%, retaining the service's A rating.

Frimley Park's renal service reached an important milestone with its 1,000th dialysis session in November. The service is providing acute renal care for patients in Surrey for the first time and demand for this local service has exceeded expectations.

Frimley Health's in-month financial position was on plan for October and the Trust remains ahead of its control total to date due to the non-recurrent benefits booked earlier in the year. Further efficiency gains are needed to fill the remaining £1.9m CIP gap and the finance report updates the Board on our plans to tackle this. We are taking a different approach to our cost improvement next year, bringing together and providing head-room for a cross-section of senior managers and clinicians, and a first workshop was held earlier this month to start planning.

PUBLIC Board of Directors - 7th December 2018-07/12/18

Chief executive's overview (4)

Developments and achievements

My thanks and praise to our emergency department volunteers, who were named Outstanding Volunteering Team of the Year in the first ever Helpforce Champions awards. Helpforce is a non-profit network which aims to improve the lives of NHS staff, patients and communities through volunteering. We were delighted to host founder Sir Thomas Hughes-Hallett and other Helpforce representatives when he came to visit the team.

Last month, about 150 students from 13 sixth form colleges enjoyed our 'Taste of Frimley' and 'Taste of Wexham' events to get an insight into life working in a busy NHS hospital. Thank you to the organisers and front line staff who gave their time to showcase their work and encourage the next generation of NHS staff.

Congratulations go to a number of Frimley Health staff who have again been recognised in national and international awards:

- Head nurse for cancer and end of life care Mary Hayes was shortlisted for a Macmillan professional excellence award. Judges praised her work on redesigning services around the patients and as the driving force for the Time Garden at Frimley Park.
- Jane Watts, oncology breast nurse specialist won the Joan Frances Stowe Award, given to one nurse each year by the Royal Marsden in recognition of excellence in patient care.
- Frimley Park ophthalmology registrar Dr Ayesha Karimi won the best poster prize at the 9th International Congress of Glaucoma Surgery in Montreal, Canada. Her poster represented a study into outcomes of a procedure to reduce eye pressure in glaucoma patients.
- Frimley Park's matron for clinical education Sharon Burfield was awarded a Cavell Star Award, given to nurses, midwives and HCAs who show exceptional care.

I had the honour of formally opening the Wexham Park International Cruciate Ligament Meeting in November, which hosted some 250 consultants, registrars and physiotherapists from across the globe and the UK.

Recent results from the National Diabetes Audit show that the Frimley Health system is second in the country for performance against its three treatment targets in this increasingly important aspect of healthcare. The Frimley Health diabetes service was also highlighted as an exemplar in a recent article in the HSJ about the benefits of multidisciplinary ward rounds.

Recommendation

The Board is asked to note the report

Performance Summary – key indicators at a glance

Note – these indicators are for the current month only (October 2018)

Safe	
C-Diff	4 ↓
MRSA	0 ↔
E-Coli	9 ↓
Never Events	0 ↔

Effective	
SHMI*	92.0 ↓
Overall	92 ↓
Non-elective	92 ↓
Elective	131 ↓

Caring	
Inpatient FFT	97.5% ↓
Complaints – 25 days response rate	67% ↓
Mixed Sex Accommodation	202 ↑

Key	Deteriorating performance	Improved Performance	Stayed the same
	↓	↑	↔

Responsive	
A&E > 4 hours	89.1% ↓
RTT < 18 weeks	92.1% ↑
Cancer 62 Day	89.7% ↓
Cancer 62 day screening	100% ↔
Diagnostics < 6 weeks	0.4% ↑

Well Led	
Vacancy rate %	10.9% ↑
Sickness rate %	2.9% ↑
Appraisal rate %	76% ↑
MAST training %	88% ↑
Staff FFT	88% ↔
Projected variance vs. financial plan	£0.1m ↔
CIP delivery	£13.7m ↔
Agency Spend % of pay bill	4.6% ↑

Demand & Activity		% Change on previous year	
	month	month	YTD
GP Referrals	16489	4%	1%
OP Atts	79830	2%	2%
Day cases	6095	8%	6%
All Electives (includes Day cases)	9144	8%	5%
ED Atts	20202	0%	1%
Non elective	9787	6%	7%

CQC insight report – Composite Indicators

	Indicator	CQC Previous	CQC Latest	October 18 CQC Change	October 18 National Comparison	Latest FH Data	Latest FH Change	Latest National Comparison
1	Flu vaccination uptake (%) (DOH Seasonal Influenza Vaccination Programme)	38.7% Sep 16 - Feb 17	71.4% Sep 17 - Feb 18	↑	S	No updated data available		
2	In-hospital mortality: Infectious diseases (HES Mortality)	96.3 Apr 16 - Mar 17	98.5 Apr 17- Mar 18	⇔	S	No updated data available		
3	Patient-led assessment of privacy, dignity and well being (%) (IC Patient Led assessment of the care environment	79.7% Mar 17 – Jun 17	79.3% Mar 18 – Jun18	⇔	S	No updated data available		
4	Patients spending less than 4 hours in major A&E (%) (NHS England Monthly A&E)	90.4% Aug 17	90.1% Aug 18	⇔	S	**89.1%** **Oct-18**	↓	S
5	Treatment with respect and dignity (CQC Inpatient Survey)	9.1 Jul - 16	9.2 Jul-17	⇔	S	No updated data available		
6	Cancelled operations as a percentage of elective activity (%) (NHS England Monthly QMCO)	1.4% Apr 17 - Jun 17	1.3% Apr 18 - Jun18	⇔	S	**1.4%** **Oct-18**	↓	S
7	Confidence and trust in the doctors (CQC Inpatient Survey)	9.1 Jun 16 - Aug 16	9.0 Jun 17 - Aug 17	⇔	S	No updated data available		
8	Support from immediate managers (1-5) (NHS England – NHS Staff Survey)	3.77 Sep 16 - Dec 16	3.76 Sep 17 - Dec 17	⇔	S	No updated data available		
9	Fairness and effectiveness of reporting (1-5) (NHS England – NHS Staff Survey)	3.78 Sep 16 - Dec 16	3.81 Sep 17 - Dec 17	⇔	S	No updated data available		
10	Ambulances remaining at hospital for >60 minutes (%) (NHS Ambulance Service – Ambulance Turnaround)	3.5% Aug 17	3.0% Aug18	⇔	S	No updated data available		
11	Communication between senior management and staff (%) (NHS England – NHS Staff Survey)	38.2% Sep 16 - Dec 16	38.5% Sep 17 - Dec 17	⇔	S	No updated data available		
12	Advice at the start of labour (CQC Maternity Survey)	9.1 Feb 15	8.6 Feb 17	⇔	S	No updated data available		

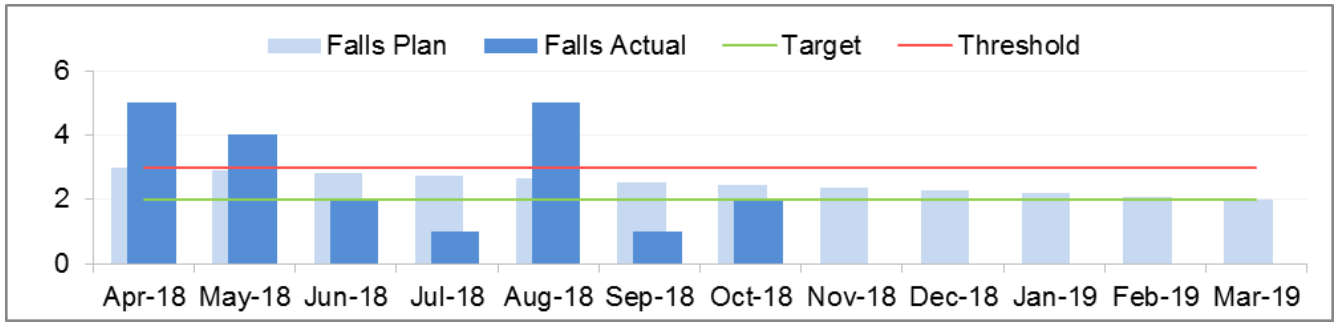
MW	W	S	B	MB
Much Worse	Worse	Same	Better	Much Better

Key	Deteriorating performance	Improved Performance	Stayed the same
	↓	↑	⇔

Falls resulting in significant injury – exception report

Background / Issues	Action Plan	Date and named person
Standard: The Trust is aiming to reduce the number of inpatient falls which cause significant harm by 10% **Definition:** A fall in hospital which results in significant injury (fracture neck of femur/serious head injury) is reported and investigated as a serious incident **Comment/Context:** The total number of falls within the organisation has slightly increased due to the increased frailty and complexity of our patients. However, the overall level of harm has reduced compared to last year	▪ There were 2 falls reported in October for FHFT which occurred one on each site. This is currently under investigation ▪ As part of the NHSI Collaborative for prevention of falls, the Trust has designed a new MDT falls risk assessment booklet which has been implemented across 9 wards ▪ Trust wide roll out of the MDT booklet will be completed by January 2019 ▪ Development of a Prevention of Falls training DVD for training and education ▪ Continued focus on the prevention of falls across the trust ▪ The NHSI Collaborative recognised the innovative work by Frimley Health and has requested this be shared at a national level ▪ The National Falls audit will commence in January 2019 across Frimley Health	▪ January 2019 Tracey Coulson Head of Patient Safety ▪ January 2019 Tracey Coulson Head of Patient Safety ▪ January 2019 Tracey Coulson Head of Patient Safety ▪ January 2019 Tracey Coulson Head of Patient Safety ▪ January 2019 Tracey Coulson Head of Patient Safety ▪ March 2019 Beth Bal

Trajectory for improvement



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Falls Plan	3	3	3	3	3	3	2	2	2	2	2	2
Falls Actual	5	4	2	1	5	1	2					

Executive Lead (s)

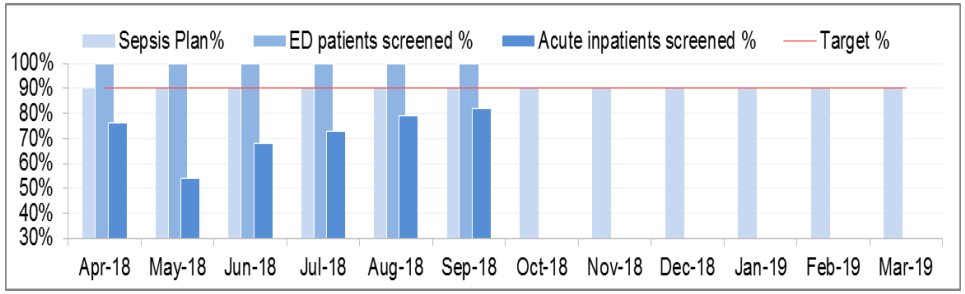
Duncan Burton

Sepsis CQUIN – exception report

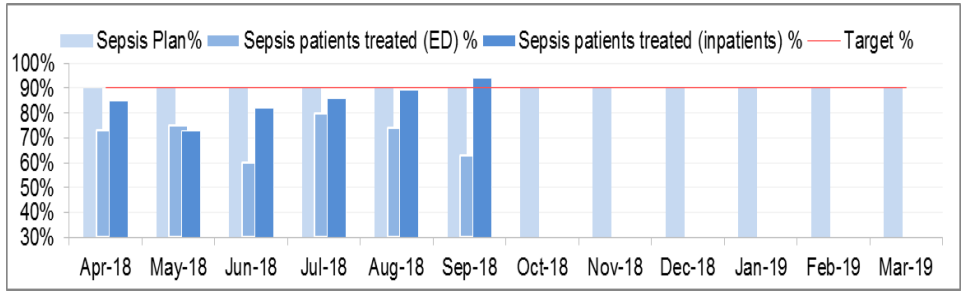
Background / Issues	Action Plan	Date and named person
Standard: 90% or more of patients presenting to Emergency Department/who deteriorate during an inpatient stay are screened for and where appropriate treated for sepsis in a timely manner **Definition:** All patients (Attending ED or inpatients) who have triggered a NEWS score of 3 in one parameter or 5 or more/who look sick should be screened for sepsis. Where a patient has triggered and infection is suspected IV Antibiotic administration within 1 hour should occur as part of the SEPSIS 6 **Comments/context:** There have been on-going challenges with inpatient screening for sepsis, and timely administration of Antibiotics for both inpatients and patients attending ED	▪ In addition to overall Trust plan there is a WPH site specific Quality Improvement plan for ED in place to improve timing of key SEPSIS 6 interventions. This includes: 1. allocated sepsis cubicles for all patients who trigger positive in screening 2. handover and board round awareness sessions on sepsis 3. Sepsis newsletter and posters for the department ▪ New cross site lead appointed and cross site sepsis summit planned to share best practice/ideas for improvement ▪ Cross site sepsis committee planned for November18. ▪ Focus groups to be set up for areas where support needed to improve implementation of the SEPSIS 6 ▪ Matrons sepsis audits to be embedded in practice on the FPH site	November 2018 Nick Payne Chief of Service/Angela Ballard Head of Nursing COMPLETE November 2018 Beth Bal Head of Quality COMPLETE November 2018 Heads of Nursing FPH site

Trajectory for improvement

Screening performance



Treatment performance



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Sepsis Plan%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
ED patients screened %	100%	100%	100%	100%	100%	100%						
Acute inpatients screened %	76%	54%	68%	73%	79%	82%						
Sepsis patients treated (ED) %	73%	75%	60%	80%	74%	63%						
Sepsis patients treated (inpatients) %	85%	73%	82%	86%	89%	94%						

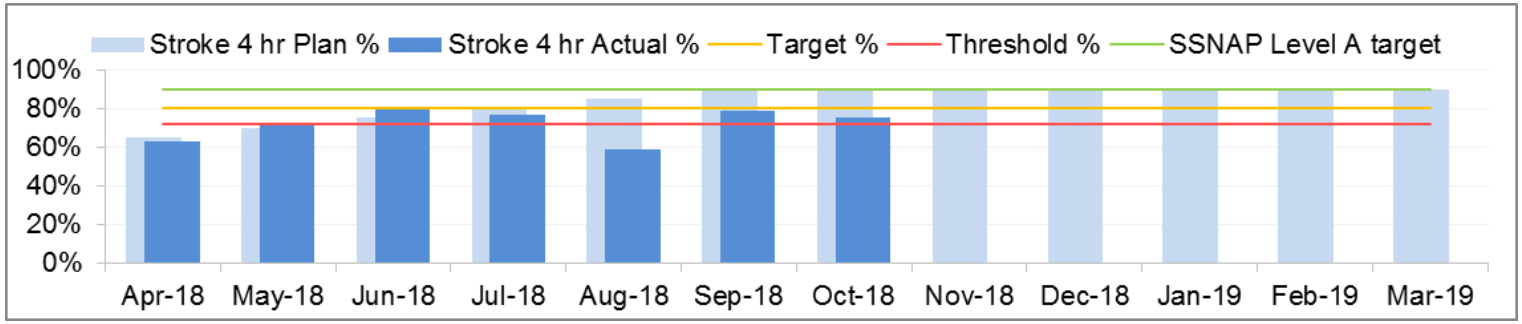
Executive Lead (s)

Duncan Burton

Stroke Unit – 4hr direct admission – exception report

Background / Issues	Action Plan	Date and named person
Standard: People with suspected acute stroke should be admitted directly to a hyper acute stroke unit (HASU) and be assessed for emergency stroke treatments by a specialist physician without delay **Definition:** Proportion of patients admitted directly to the stroke unit within 4hrs of clock start. National target of 90% to achieve Stroke Unit Sentinel Stroke National Audit Programme (SSNAP) level A and the internal target is 80% and the threshold is 70% **Comments / context:** There have been several on-going issues in achieving the target at FPH stroke unit, including: 1) delayed referral to the stroke team, 2) gaps in stroke coordinator rota, 3) bed availability and 4) delayed discharges/repatriations. **GIRFT visit:** acknowledged as being one of the best Trusts in KSS deanery, but work required to improve 4 hour response	▪ Following GIRFT meeting on 9th November, GIRST team to support improvement plan in relation to direct admissions to the stroke unit. This, along with the other areas identified will be put into a GIRFT action plan which will be shared with the Trust Board and Quality Committee. The two best performing Trusts, particularly with direct admissions (Worthing and Brighton) will be approached to facilitate a visit from FPH to learn how they have tackled the direct admission metric ▪ Individual teams have been asked to review October breaches as a matter of urgency and feed back the results to the next clinical governance committee, so to focus on improving processes ▪ Review of stroke coordinator role and scope to improve flow ▪ A progress report on our direct admission performance will be provided to Board in January 2019	December 2018 – Chris Barrett December 2018 (depending on otherTrust availability) – Chris Barrett / Dr Speirs Full stroke team – Dec 18 Head of nursing – Dec 18 January 2019 – Chris Barrett

Trajectory for improvement



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Stroke 4 hr Plan %	65%	70%	75%	80%	85%	90%	90%	90%	90%	90%	90%	90%
Stroke 4 hr Actual %	63%	71%	81%	77%	58%	79%	75%					

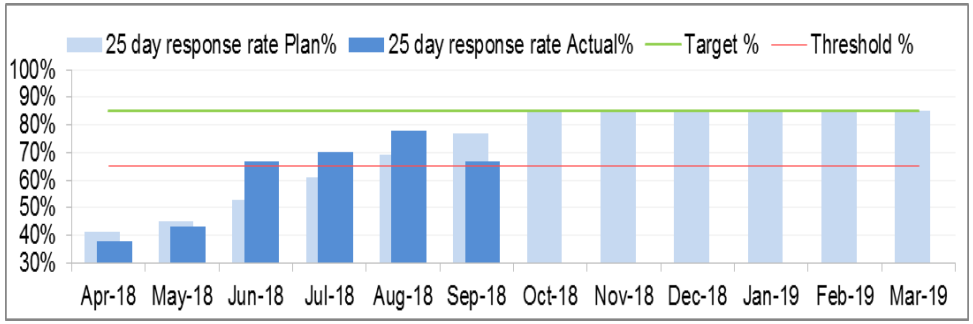
Executive Lead (s)

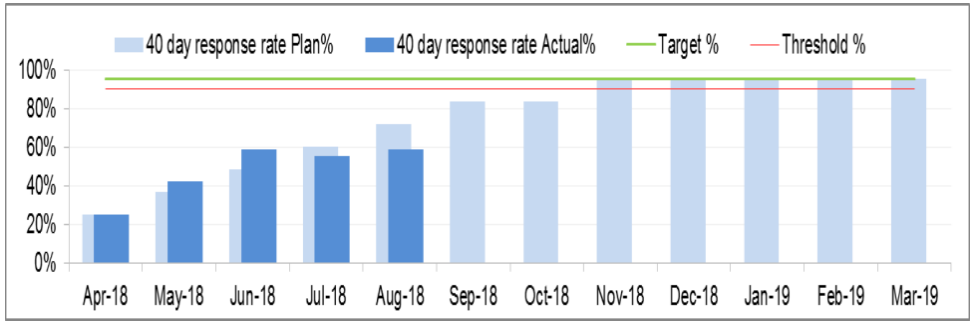
Helen Coe

Complaints responses – exception reports

Background / Issues	Action Plan	Date and named person
Standard: The Trust aim to respond to less complex formal complaints in 25 working days. A 40 day target has been agreed for more complex or those that cross organisations/ services or require consent **Definition:** Whilst there in no defined target nationally our policy sets the target for the Trust. Target is 85% Threshold is 65% for 25 day responses and 95% with a 90% Threshold for 40 day responses **Comment/Context:** September has seen a slight dip performance to 67% for 25 day response rate for FHFT- there has been an impact from responses from August holiday periods	▪ Throughout September focus remained on trackers and clearing out of time complaints within Medicine at Wexham Park whilst sustaining response rates for new complaints received in October. There has been a 50% reduction of out of time complaints in this Directorate ▪ Additional resource in place from last week in August and has impacted on clearing the backlog at WPH. This will reflect in October response rates ▪ Trust Complaints Lead will revise trackers to better reflect the target date for response form the directorates as we are still receiving delayed responses. CoS and ADs can then influence ▪ Trust Complaints Lead to attend Matrons meetings to reiterate the importance of full detailed responses from the outset	CoS and ADs continued focus – November/December 2018 Karen Roberts November/December 2018 Karen Roberts and ADs CoS November 2018 Karen Roberts/ Maxine McVey November 2018

Trajectory for improvement





	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
25 day response rate Plan%	41%	45%	53%	61%	69%	77%	85%	85%	85%	85%	85%	85%
25 day response rate Actual%	38%	43%	67%	70%	78%	67%						
40 day response rate Plan%	25%	37%	48%	60%	72%	83%	83%	95%	95%	95%	95%	95%
40 day response rate Actual%	25%	42%	59%	55%	59%							

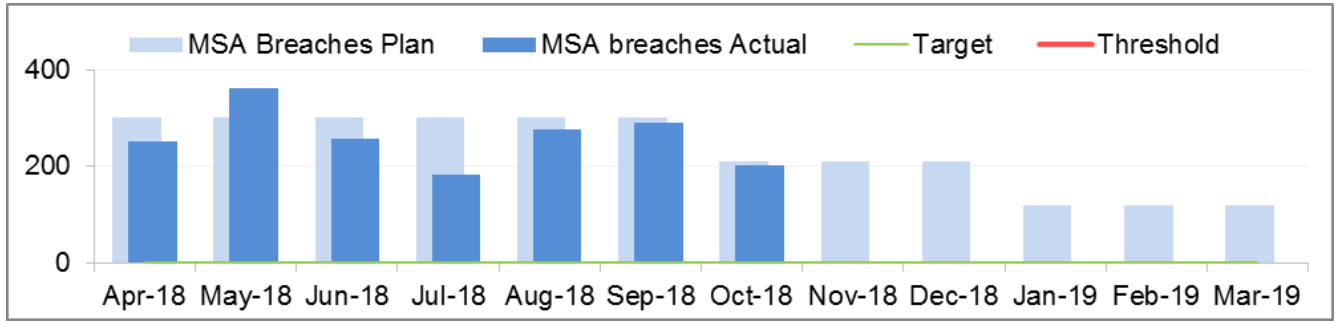
Executive Lead (s)

Duncan Burton

Mixed Sex Accommodation breaches – exception report

Background / Issues	Action Plan	Date and named person
Standard: All NHS Trusts to eliminate mixed-sex accommodation, except where it is in the best interest of the patient, or reflects personal choice **Definition:** Breaches of sleeping accommodation must be reported for each patient affected. *"Sleeping accommodation"* includes areas where patients are admitted and cared for on beds or trolleys, even where they do not stay overnight **Comments/context:** DSU breaches on FPH site and HWD site will be resolved once estates works completed. WPH recovery area have reported non – justified MSA breaches related to delayed step down to Ward areas and elective patient flow	▪ DSU Heatherwood estates work to be completed by end of October ▪ Estates work delayed on DSU1 FPH site due to relocation of TVN ▪ service. Will now commence 5/11/2018 ▪ Quality Improvement Project in place to reduce number of unjustified MSA breaches within recovery areas – meeting held with key stakeholders to review nurse led discharge from recovery and actions to update recovery escalation policy ▪ Trust participation in NHSI collaborative for delivery of same sex accommodation. Await publication of new NHSE guidance for delivery of same sex accommodation	COMPLETE 05/11/2018 Director of Estates – Colin Mapperley 30/11/18 – Associate Director for Theatres Sally Vaughn 31/12/2018 - Head of Quality – Beth Bal

Trajectory for improvement



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
MSA Breaches Plan	300	300	300	300	300	300	210	210	210	120	120	120
MSA breaches Actual	251	362	257	182	275	290	202					

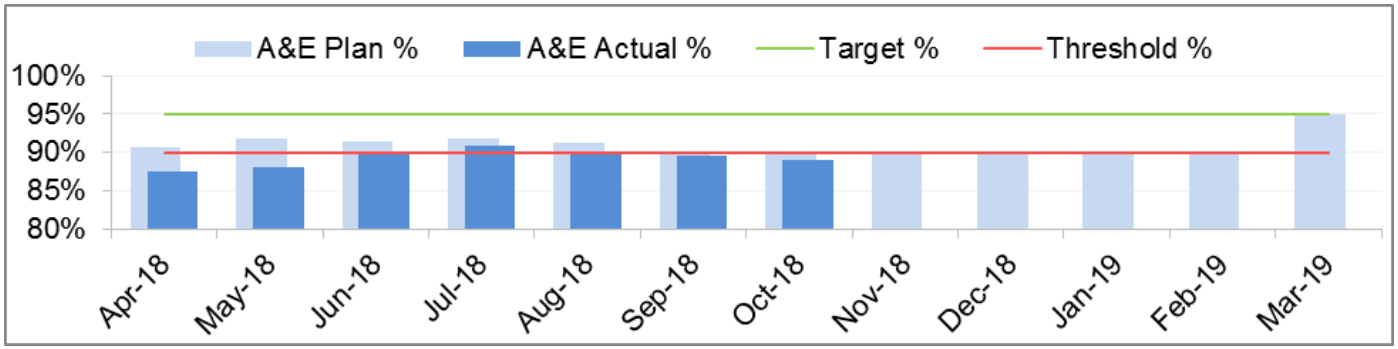
Executive Lead (s)

Duncan Burton

Emergency Department 4 hour target – exception report

Background / Issues	Action Plan	Date and named person
Standard: 95% of patients should be admitted, transferred or discharged within 4 hours of their arrival at A&E **Definition**: number of unplanned attendances to A&E that are admitted/ transferred/ discharged within 4 hours of their arrival as a % of the total number of unplanned attendances to A&E **Comment/Context** Bed pressures have had significant knock-on impact with 4 hour target on both sites; medical and clinical staffing remain challenging on both sites. Volumes of patients similar to previous years, but acuity higher, leading to a requirement in changing the medical model	▪ Review of nursing and doctor cover to match heat mapping ▪ Improve booking process of locums to ensure adequate medical cover and skill mix ▪ Training of nursing / medical leadership to ensure effective use of fast tracking pathways to specialties / assessment areas ▪ Design and instigate a full capacity protocol ▪ Improve ward transfer response and escalation ▪ ICS Urgent Care Board holding system to account for response to current issues and overall ED planning ▪ Daily actions taken for hot topics following dashboard analysis, huddles and task and finish groups ▪ Daily validation and challenge of ambulance handovers. Escalation process instilled in both departments ▪ Focus on capacity and flow, through daily bed meetings, length of stay / discharge workstream and focus on DTOC reduction	KM/DM with clinical leads, ongoing Tom Ford, DM, KM, Dec 18 ED HoN (AB, MV), Dec 18 Ed Behn, Ramy Dec 18 Helen Coe / Fiona SB ongoing DM / KM, clinical leads, ongoing Angela James Howard, Tom Ford, ongoing Fiona Sayers, Jo Coric ongoing

Trajectory for improvement



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
A&E Plan %	90.6%	91.8%	91.4%	91.7%	91.2%	90.1%	90.1%	90.1%	90.1%	90.1%	90.1%	95.0%
A&E Actual %	87.6%	88.0%	90.0%	90.8%	90.1%	89.6%	89.1%					

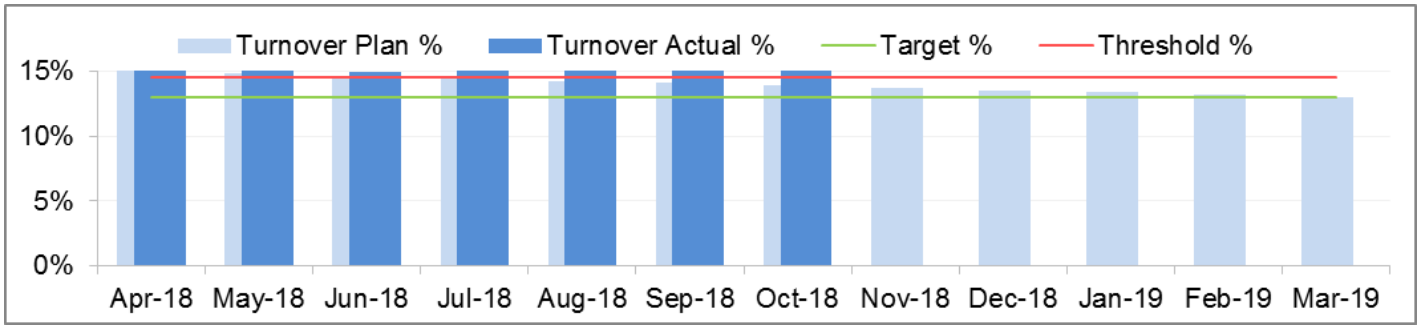
Executive Lead (s)

Helen Coe and Lisa Glynn

Staff turnover – exception report

Background / Issues	Action Plan	Date and named person
Standard: Turnover is currently 15%. The target is to reduce turnover to below 13% with a threshold of 14% **Definition:** The number (wte) of employees who leave over a 12 month period divided by the average staff in post **Comments/context:** The stability index data from the Model Hospital shows that we are performing better than local trusts (Ashford and St Peter's, Buckinghamshire, Royal Surrey, Surrey and Sussex, Oxford University, Royal Berkshire and Hillingdon) in regards to staff turnover	▪ Increased reporting of turnover and exit information to non-nursing areas ▪ Continued rollout and promotion of 'Helping you to Stay' programme with new support material and resources for managers and stay facilitators published ▪ Create a new forum and community for line managers to share experiences and to facilitate improved communication with this group ▪ Introduce a new starters welcome event (hosted by an executive) ▪ Create a Staff Alumni for leavers ▪ New staff recognition scheme to be launched (£5 per employee from charity fund) ▪ Launch of NHS staff benefits portal	Tom White , Jan 19 Tom White, Feb 19 Tom White, Mar 19 Tom White, Jan 19 Tom White, April 19 Eleanor Shingleton-Smith, April 19 Eleanor Shingleton-Smith, May 19

Trajectory for improvement



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Turnover Plan %	15.0%	14.8%	14.6%	14.5%	14.3%	14.1%	13.9%	13.7%	13.5%	13.4%	13.2%	13.0%
Turnover Actual %	15.0%	15.1%	14.9%	15.0%	15.1%	15.0%	15.1%					

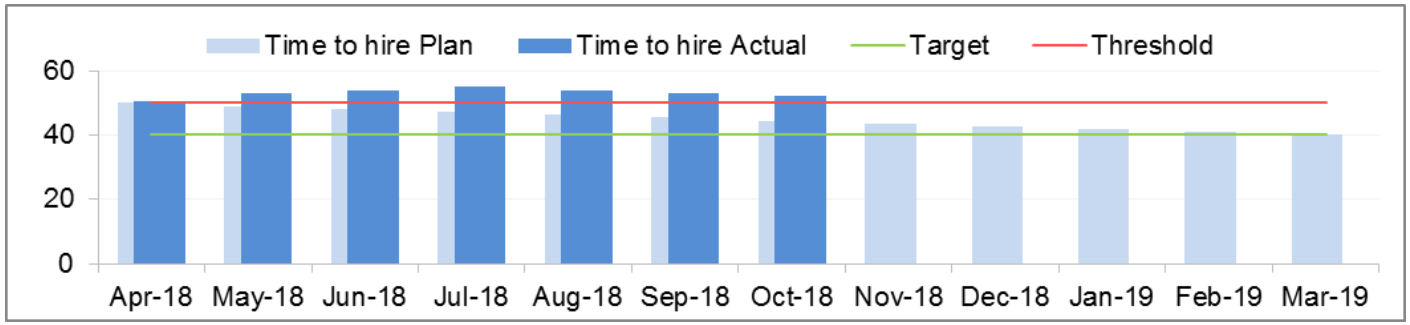
Executive Lead (s)

Janet King

Time to hire – exception report

Background / Issues	Action Plan	Date and named person
Standard: Time to hire is currently 52 days. The target is to reduce this to 40 days, and the threshold is 50 days **Definition:** Number of working days from the date vacancy created to unconditional offer **Comments/context:** Recent benchmarking ranked FHFT 16th (170 employers use the TRAC system) in regards to the time taken to complete employment checks	▪ Implementation on new HR structure allowing for improved distribution of workloads and increased efficiencies. The new structure was implemented on the 1st October and we are already seeing the benefits of this and expect time to hire to be below 50 days by November (initial data shows we will achieve this) .	Tom White, November 18
Overall Time to hire has decreased from 53.1 to 52.1 days in October. ▪ Unconditional Offer to Booked/Actual start Date - down to 26.1 (from 28.6) ▪ Authorisation process – down to 1.1 (from 1.8) ▪ Time taken to shortlist - Down to 4.8 (from 6.2) ▪ Conditional Offer to Unconditional Offer - down to 21.1 (from 22.9)	▪ Detailed action plan put in place following the outcome of an internal audit. Action plan to be reviewed by the Audit Committee in December 18. ▪ Amend the reporting of Time to Hire: We will be amending the reporting format to include % of recruitment achieved within KPI. This will mitigate the impact of individual delays on the total time to hire	Tom White, December 18 Tom White, December18

Trajectory for improvement



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Time to hire Plan	50	49	48	47	46	45	45	44	43	42	41	40
Time to hire Actual	50	53	54	55	54	53	52					

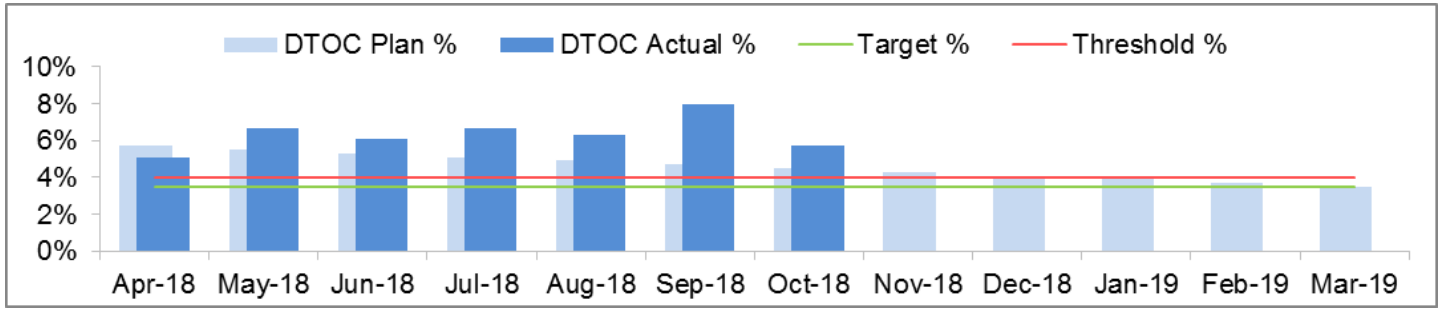
Executive Lead (s)

Janet King

Delayed Transfers of Care – exception report

Background / Issues	Action Plan	Date and named person
Standard: The national target for DTOCs is 3.5%, Frimley Health achieved 6.3% in August 2018 **Definition:** A delayed transfer of care occurs when a patient is medically fit for discharge from acute or non acute care and is still occupying a bed **Comments/Context:** There is a lack of available Packages of Care throughout for both CHC and Local Authority patients. CHC placement and palliative assessments/plans are increasing and generating significant health delay. NHS England requires 85% of CHC assessments to be completed outside of acute trusts	▪ Implement new schemes managing private funder delays. HWPH -CHS scheme commenced saving 94 bed days in October 2018. FPH – individual private funder support role commenced with similar impact. ▪ Agree allocation of HCC AS Winter Pressures – total 5 D2A beds, additional social worker support for ED/AMU/Frailty at FPH, voluntary welcome home service start Jan 19. Scoping 24 hour crisis support. Surrey CC AS to provide block domiciliary care Dec 1st- April 19 ▪ Enhance daily CHC SITREP updates by CCG reps to discharge teams plus escalation. ▪ Increase number of Discharge Care Co-ordinators to facilitate the wards with discharge planning and help prevent delays. Specific focus on orthopaedic ward. ▪ HWP data analysis of MFFD list to inform RCA with specific actions to improve DTOC	October 2018 Heidi Barber and Fiona Sayers HCC Clare Hooke Dec 2018 SCC Michelle Head Dec 2018 Katie Tripp Nov 2018 Shereen Bayat Nov 2018 Katie Tripp Nov 2018 Shereen Bayat Nov 2018

Trajectory for improvement



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
DTOC Plan %	5.7%	5.5%	5.3%	5.1%	4.9%	4.7%	4.5%	4.3%	4.1%	3.9%	3.7%	3.5%
DTOC Actual %	5.1%	6.7%	6.1%	6.7%	6.3%	8.0%	5.7%					

Executive Lead (s)

Helen Coe and Lisa Glynn

Safe – Key measures (1)

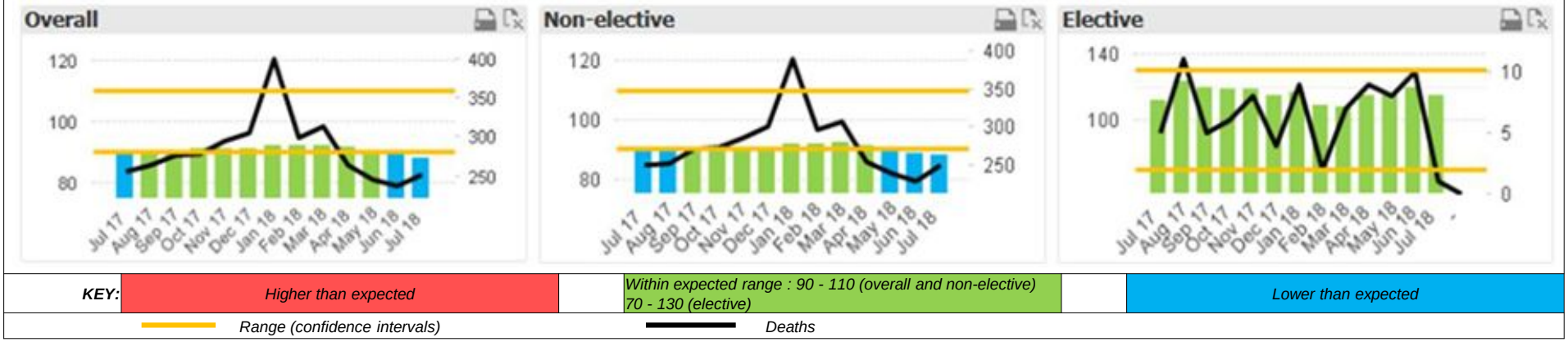
	16/17	17/18	Oct-17	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct-18	YTD	Target	Threshold
Infection control																		
MRSA bacteraemia – total numbers	2	3	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	None
MRSA bacteraemia – infection rate per 100,000 bed days (SOF)			0.6	0.6	0.6	0.6	0.8	0.6	0.6	0.6	0.4	0.4	0.2	0.2	0.2			
Clostridium difficile – total numbers (SOF)	33	45	6	3	6	5	2	1	2	4	3	1	3	1	4	18	<=30	None
Clostridium difficile due to lapses in care	4	10	0	0	3	0	0	0	0	2	2	0	0	0	0	4	<=30	None
Clostridium difficile - infection rate per 100,000 bed days (SOF)			9.0	8.6	9.4	9.6	9.6	9.5	9.2	9.9	9.5	9.0	8.4	8.0	7.6		<=7.60	>10.40
E coli bloodstream infection (BSI)	New	131	15	15	11	8	6	10	9	13	6	6	8	8	9	59	TBC	TBC
E coli – infection rate per 100,000 bed days (SOF)			25.8	27.7	27.9	28.4	36.0	27.7	27.7	27.6	26.4	24.7	24.7	24.9	23.7			
MSSA bacteraemia – total numbers	New	38	3	5	1	1	1	6	1	3	3	0	4	3	1	15	TBC	TBC
MSSA – infection rate per 100,000 bed days (SOF)			7.7	7.7	7.7	7.3	7.1	8.0	6.7	7.2	7.2	6.6	6.4	6.7	6.3			
Hand hygiene compliance	85%			96%			93%			89.8%			96%				>=90%	<75%
Medication errors resulting in harm																		
Low	22	15	1	2	2	1	0	2	7	9	1	4	1	4	in arrears	26	None	
Moderate	8	4	0	0	1	0	0	0	0	2	0	0	0	0	in arrears	2	<=8	None
Severe	0	0	0	0	0	0	0	0	1	0	0	0	0	0	in arrears	1	0	None
Pressure ulcer incidence																		
Hospital acquired - grade 2	169	222	10	22	19	25	21	21	29	18	14	21	23	19	in arrears	125	<=216	None
Hospital acquired - grade 3	5	10	0	1	3	1	1	0	0	0	0	1	0	0	in arrears	1	<=12	None
Hospital acquired - grade 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	in arrears	0	0	None
Community Services- lapses in care		3	1	0	0	0	0	0	0	0	0	0	0	0	0	0	TBC	TBC
Incident reporting																		
Never events (SOF)	4	13	0	2	1	1	2	2	1	1	0	0	0	0	0	2	0	None
Serious incidents (SIRI) - total trust including Fleet	70	124	10	10	11	8	8	15	14	11	5	7	9	3	7	56	<=120	>144
Fleet community services SIRIs		4	1	0	0	0	0	0	1	0	0	0	0	0	1	2	TBC	TBC
NHSI/NHSE Patient Safety Alerts outstanding (SOF)	0	1	0	0	0	0	0	0	0	0	0	0	0	0	in arrears	0	0	None
Incidents triggering a duty of candour response	96	148	15	12	16	9	11	16	12	7	7	14	7	5	in arrears	52	TBC	TBC
Failure to notify suspected / actual reportable patient SIs (SOF)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	in arrears	0	0	None
Falls resulting in significant injury																		
Number of falls resulting in significant injury	20	23	1	3	0	0	3	3	5	4	2	1	4	1	2	19	<=24	>36
Number of falls resulting in significant injury per 1000 bed days	0.04	0.05	0.02	0.08	0.00	0.00	0.08	0.07	0.13	0.11	0.05	0.03	0.11	0.03	0.05	0.07	TBC	
Number of falls (total)	New	New	225	193	179	227	202	221	215	222	174	211	199	194	185	1400	TBC	
Number of falls (total) per 1000 bed days	New	New	5.62	4.94	4.36	5.28	5.62	5.49	5.43	5.86	4.62	5.87	5.57	5.40	4.93		TBC	

Safe – Key measures (2)

	16/17	17/18	Oct-17	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct-18	YTD	Target	Threshold
Safe staffing																		
Average Care Hours Per Patient Day (CHPPD)		7.50	7.39	7.62	7.35	7.05	6.80	7.12	7.42	7.77	7.73	7.88	7.69	7.44	7.65	7.65	TBC	
Registered nurse day - hours filled as planned	92%	90%	91%	94%	91%	90%	89%	87%	89%	90%	90%	90%	87%	87%	91%	89%	>=90%	None
Unregistered care staff day - hours filled as planned	96%	96%	95%	95%	93%	93%	95%	95%	100%	100%	99%	97%	95%	97%	96%	98%	>=90%	None
Registered nurse night - hours filled as planned	96%	95%	95%	96%	96%	97%	95%	95%	96%	97%	95%	94%	93%	91%	94%	94%	>=90%	None
Unregistered care staff night - hours filled as planned	100%	99%	97%	99%	98%	99%	100%	99%	95%	103%	100%	101%	100%	101%	103%	101%	>=90%	None
Registered nurse (overall average hours filled as planned)	94%	92%	93%	95%	93%	93%	92%	90%	92%	93%	92%	92%	90%	89%	92%	92%	TBC	
Unregistered care staff (overall average hours filled as planned)	97%	97%	96%	97%	95%	96%	97%	97%	98%	102%	99%	99%	97%	98%	99%	99%	TBC	
VTE (venous thromboembolism) risk assessment																		
Admitted adults risk assessed for VTE (SOF)	97%	98%	97%	98%	98%	98%	97%	97%	97%	98%	97%	97%	97%	97%	in arrears	97%	>=95%	None
Sepsis CQUIN - Timely identification and treatment of Sepsis in emergency department (ED) and acute inpatient settings																		
% of patients screened for sepsis in ED	94%	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	>=90%	None
% of acute inpatients screened for sepsis	61%	51%	66%	64%	68%	68%	60%	68%	76%	54%	68%	73%	79%	82%	86%	77%	>=90%	None
% of Sepsis patients treated within 1 hour of arrival in ED	83%	72%	79%	83%	70%	61%	58%	75%	73%	75%	60%	80%	74%	63%	85%	73%	>=90%	None
% of Sepsis patients treated within 1 hour of arrival on ward	68%	66%	56%	89%	71%	50%	93%	89%	85%	73%	82%	86%	89%	94%	91%	89%	>=90%	None
Sepsis CQUIN – Antibiotic Review																		
% of antibiotic prescriptions for patients diagnosed with sepsis that were documented and reviewed by a clinician within 72 hours		89%	96%			91%			Supplied quarterly								Q1 >=25% Q2 >=50% Q3 >=75% Q4 >=90%	
* We have removed the threshold for Sepsis backdated to April 2018 to reflect the organisational focus on improving performance and help drive change																		

Effective – Mortality and morbidity – SHMI charts and table

In-hospital mortality and summary hospital-level mortality indicator (SHMI) (SOF)



KEY:	Higher than expected	Within expected range : 90 - 110 (overall and non-elective) 70 - 130 (elective)	Lower than expected

Range (confidence intervals) — Deaths

In-hospital mortality (one month's data)

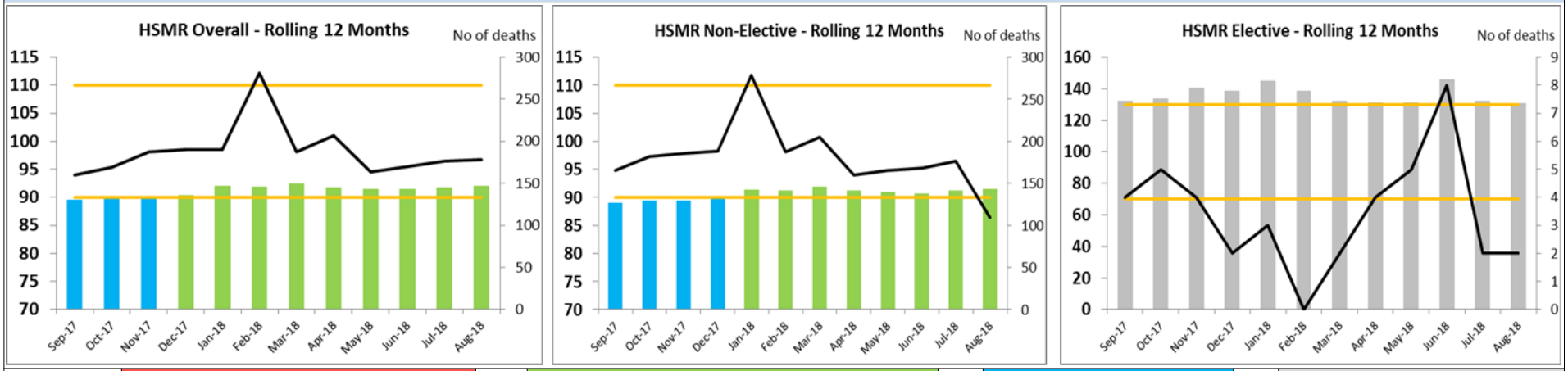
	17/18	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	YTD
In-hospital deaths	2623	219	204	218	306	221	244	202	192	192	203	173	184	208	1354
Discharges	211697	17984	18740	17116	18605	16876	18478	17398	18741	18489	19002	18034	17986	19312	128962
% deaths	1.2	1.2	1.1	1.3	1.6	1.3	1.3	1.2	1.0	1.0	1.1	1.0	1.0	1.1	1.0

SHMI (rolling 12 months)

	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18
Overall	89.6	90.1	90.6	91.5	91.5	91.1	92.5	92.1	92.4	91.9	90.4	89.1	88.3
Non-elective	89.1	89.4	90.0	91.0	91.0	90.6	92.1	91.8	92.1	91.5	89.9	88.5	87.8
Elective	112.1	123.1	119.7	118.2	118.4	114.8	116.9	109.1	108.1	114.7	114.7	119.5	114.7

Effective – Mortality and morbidity – HSMR charts and table

Hospital Standardized Mortality Ratio (HSMR)



HSMR	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug - 18
Overall	89.4	89.9	90.0	90.3	92.0	91.8	92.4	91.7	91.4	91.4	91.7	92.0
Non-elective	88.9	89.4	89.4	89.7	91.3	91.2	91.8	91.2	90.8	90.6	91.1	91.5
Elective	132.0	133.5	140.6	138.6	144.8	138.4	132.1	131.0	131.0	145.7	131.9	130.6

Effective – Mortality and morbidity table and key messages

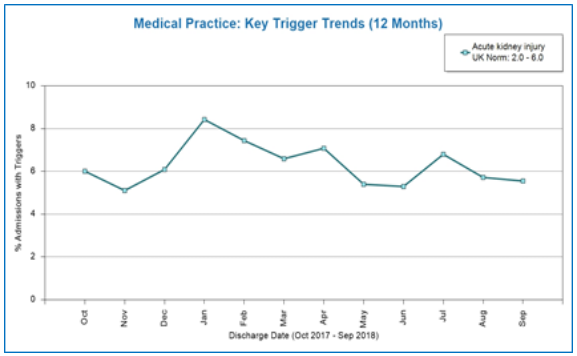
	16/17	17/18	Oct-17	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep-18	Oct - 18	YTD
Number of inpatient deaths	2640	2620	219	204	217	315	228	259	204	193	203	218	183	200	223	1424
Total deaths screened (including <30 day post discharge)	New	3117	280	264	304	416	323	348	265	272	277	288	237	218	230	1789
Deeper reviews completed	New	622	66	47	45	115	55	77	38	36	38	28	12	6	1	140
Total number of deaths judged > 50% likely to be due to problems with care	New	21	4	3	2	1	0	0	2	0	2	in arrears	in arrears	in arrears	in arrears	2
Number of deaths of patients with a Learning Disability		19	2	2	1	2	2	1	1	0	1	2	4	1	0	9
Total number of deaths of patients with LD judged > 50% likely to be due to problems with care		1	0	1	0	0	0	0	0	0	0	0	in arrears	in arrears	in arrears	0

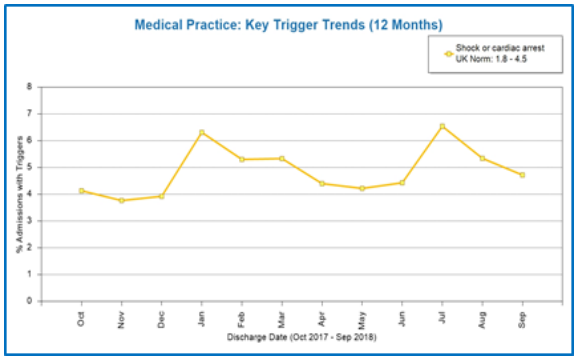
**The number of completed reviews updates monthly and may increase as there is a 12 week review time*

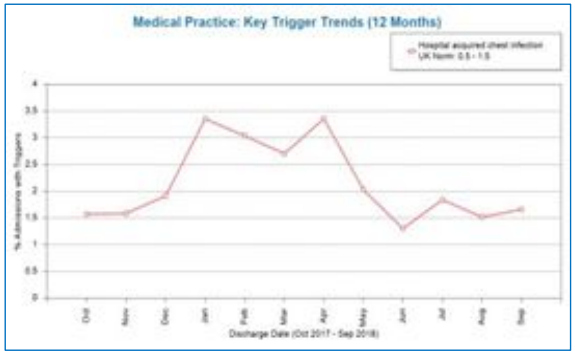
Area	Key messages
Mortality Case Record Review	▪ There have been more consultants trained on the use of the SJR tool this month ▪ Medical examiners will be appointed this month to start in January, there has been a pleasing number of applicants. ▪ We continue to contribute to the ICS mortality review group (MRG) and the Oxford AHSN MRG, starting also to network with KSS trusts ▪ There were 4 deaths in Q1 judged more than 50% likely due to a problem with care, 2 at each site. These were all investigated within the SI process. 2 cases were due to PE, one case due to an invasive procedure and one due to suboptimal care of the deteriorating patient. The Q2 data will be presented next month

Effective – CRAB morbidity – key measures & key messages

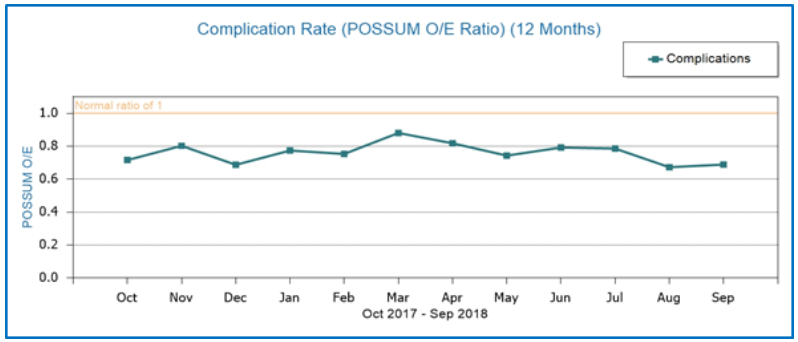
Medical practice trigger trends *

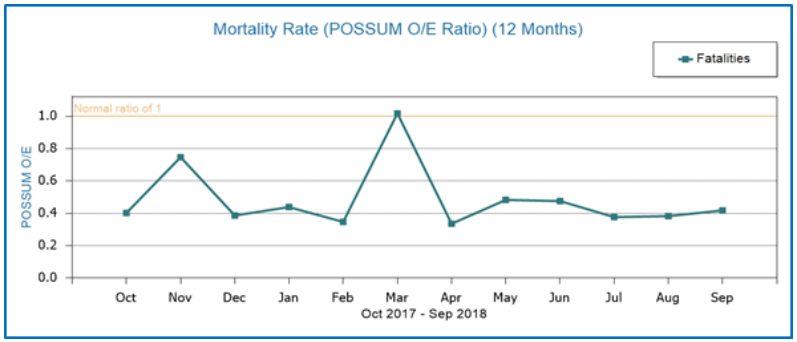






Surgical complications *





Area	Key messages
CRAB data	Trust wide AKI and Hospital Acquired Pneumonia are stable and not above national norms. Shock having risen in July has now fallen again. Shock and cardiac arrest is higher at the HWP site, this is the subject of a current review which will be completed before end of year. Hospital acquired pneumonia is slightly higher than the national normal at the Frimley Park site Surgical morbidity and mortality are below expected
SHMI/HSMR data	The SHMI and HSMR data trust wide is within expected. There has been a rise in elective SHMI at the HWP site in last two months, we will investigate the cause of this change and report next month

Effective – Clinical performance measures

	16/17	17/18	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep-18	Oct - 18	YTD	Target	Threshold
Stroke *																		
% of patients admitted directly to the stroke unit in 4 hours	72%	72%	84%	70%	52%	60%	67%	57%	63%	71%	81%	77%	58%	79%	69%	70%	>=80%	<72%
% of patients scanned within 1 hour of arrival	64%	64%	62%	57%	60%	64%	70%	69%	68%	61%	63%	71%	61%	67%	59%	65%	>=50%	<45%
% of patients receiving a swallow screen <= 4 hours of arrival	81%	81%	79%	74%	62%	85%	96%	86%	82%	82%	83%	89%	78%	88%	79%	83%	>=90%	<80%
Cardiology																		
% of eligible patients receive treatment; call to balloon within 150 minutes	92%	89%	96%	81%	88%	71%	81%	88%	100%	93%	90%	100%	85%	93%	in arrears	92%	>=85%	<80%
Trauma and orthopaedics																		
% #NOF patients meeting best practice criteria**	83%	67%	62%	56%	69%	75%	71%	73%	65%	80%	75%	74%	77%	73%	in arrears	75%	>=90%	<55%
% #NOF patients going to theatre < 36 hours		80%	73%	75%	80%	81%	83%	82%	75%	85%	79%	77%	85%	90%	in arrears	82%	>=90%	<80%
Critical care																		
Critical care non-clinical transfers out of the trust	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	None
Theatres																		
Compliance with the WHO surgical safety checklist	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	97%	99%	>=95%	<90%
Obstetrics																		
Still births over 24 weeks	41	27	4	3	4	1	0	1	3	4	2	4	4	5	3	25	None	None
Emergency readmissions																		
Emergency re-admissions within 30 days following an elective or emergency spell	6.9%	6.8%	6.5%	6.5%	7.3%	6.8%	6.6%	6.8%	7.2%	6.7%	6.8%	6.5%	7.1%	6.9%	in arrears	6.9%	<=6.8%	None
Community Services Quality Indicators																		
Urgent response appointments seen within 2 hours		New	91.7%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		>=95%	<85%
End of life patients dying in their preferred location		New	100%	100%	100%	91.4%	100%	100%	100%	100%	100%	100%	0.0%***	75%	100%		>=95%	<85%
Community Nursing - % seen within 3 weeks		New	95.0%	97.0%	90.0%	94.0%	98.0%	99.0%	98.0%	97.0%	97.0%	98.0%	97.0%	100%	97%		>=95%	<85%

** Stroke data is for FPH only as the unit at Wexham Park was decommissioned during 2016/17*
*** Target for #NOF patients meeting best practice criteria have been amended this month for the whole of 2018-19. RAG ratings for 2017-18 remain as at the target for last year*
**** Data quality issues resulted in the 0% return for August 2018*

Caring – Key measures (1)

	16/17	17/18	Oct-17	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct - 18	YTD	Target	Threshold
Local Surveys																		
1. Overall did you feel you were treated with respect and dignity while you were in this ward?	96%	97%	96%	96%	97%	97%	96%	97%	97%	97%	97%	97%	97%	96%	97%	97%	>=95%	<90%
2. Do you have confidence and trust in the doctors treating you?	93%	93%	92%	94%	93%	91%	92%	93%	95%	94%	93%	94%	90%	91%	93%	93%	>=95%	<90%
3. Were you bothered by noise at night from hospital staff? (percentage of patients saying no)	87%	87%	86%	87%	87%	86%	88%	87%	86%	86%	87%	87%	88%	85%	88%	87%	>=90%	<80%
4. Were you ever bothered by noise at night from other patients? (percentage of patients saying no)	66%	69%	69%	68%	68%	68%	68%	67%	69%	65%	79%	73%	66%	70%	65%	69%	>=75%	<65%
5. If you needed it, did you get enough help from staff with eating and drinking?	90%	91%	85%	88%	91%	92%	93%	91%	92%	92%	93%	92%	77%	91%	87%	90%	>=90%	<80%
6. Have you and your family or carers been involved enough in discussing your discharge from hospital?	82%	85%	83%	86%	86%	86%	86%	86%	88%	86%	84%	83%	81%	78%	70%	81%	>=80%	<70%
7. Were you involved as much as you wanted to be in decisions about your care and treatment?	92%	86%	83%	85%	87%	85%	86%	87%	88%	84%	86%	86%	83%	83%	85%	85%	>=90%	<80%
8. Within the first couple of days of admission did a member of staff ask you about your home situation?	83%	88%	86%	89%	91%	90%	90%	90%	91%	88%	86%	83%	88%	82%	89%	87%	>=80%	<70%
9. Did nurses talk in front of you as if you weren't there? (percentage of patients saying no)	New	93%	92%	93%	94%	94%	93%	92%	96%	92%	92%	91%	92%	85%	92%	92%	>=95%	<85%
10. Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?	New	92%	90%	90%	88%	87%	96%	94%	92%	98%	95%	91%	93%	94%	95%	94%	>=95%	<90%
Complaints																		
Number of complaints received *	920	952	78	80	53	96	87	88	74	64	67	76	74	78	65	500	<=924	>1056
Number of complaints per 100 patient contacts (SOF)	1.72	2.22	0.07	0.07	0.05	0.08	0.08	0.08	0.07	0.06	0.06	0.07	0.07	0.07	0.06	0.06	<=0.07	>0.09
Complaint response within 25 working days (%)	37%	41%	40%	30%	32%	39%	31%	23%	39%	43%	67%	70%	78%	67%	in arrears	60%	>=85%	<65%
Complaint response 40 day timescale (%)	New	New	New measure						25%	42%	59%	55%	59%	2 months in arrears		49%	>=95%	<90%
Number of complaints re-opened	97	111	9	11	7	8	7	8	10	11	8	12	13	9	9	70	<=96	>108

** provisional data for the reporting month*

Caring – Key measures (2)

	16/17	17/18	Oct-17	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep-18	Oct-18	YTD	Target	Threshold
Patient Friends and Family Scores - What % would recommend this trust to friends and family if they needed similar care or treatment?																		
Emergency department (SOF)	91.1%	93.4%	94.2%	93.5%	93.9%	94.1%	93.8%	90.1%	91.3%	91.0%	96.4%	95.0%	94.4%	94.3%	94.1%	94.6%	>=94.4%	<89.1%
Outpatients	95.9%	96.6%	96.9%	97.0%	97.0%	96.2%	97.3%	96.4%	96.7%	96.2%	99.7%	97.1%	97.1%	96.3%	96.5%	96.9%	>=96.8%	<94.6%
Inpatients (SOF)	97.4%	97.6%	97.6%	98.0%	97.3%	97.4%	97.4%	98.1%	97.4%	98.0%	97.3%	98.4%	97.6%	98.4%	97.5%	97.8%	>=97.7%	<96.4%
Maternity (SOF)	96.7%	96.6%	96.3%	93.6%	98.7%	97.6%	95.4%	98.9%	98.0%	98.1%	93.9%	98.3%	98.2%	97.6%	96.7%	97.5%	>=99.0%	<97.9%
Community (SOF)		97.6%	93.9%	100%	100%	99.6%	98.8%	100%	93.2%	100%	100%	100%	99.4%	100%	100%	97.6%	>=98.3%	<97.0%
Mixed sex accommodation breaches																		
Mixed sex accommodation breaches (SOF)	6	27	5	0	5	4	0	0	267	367	257	182	275	290	202	1840	0	None
Dementia care - % of all admitted patients (75+) who : (SOF)																		
Have been screened for Dementia (within 72 hours)		100%	99%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	in arrears	100%	>=95%	<90%
Dementia positives - dementia diagnostic assessment (within 72 hours)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	in arrears	100%	>=95%	<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	100%	>=95%	<90%

Responsive – Key measures

	16/17	17/18	Oct-17	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep-18	Oct-18	YTD	Target	Threshold
Emergency department																		
A&E Delivery Board (includes Type-3 activity)			92.6%			88.1%	89.0%	87.9%	91.35%			92.75%			91.8%	92.0%	Q1 91.76% Q2 91.67% Q3 91.30% Q4 95%	None
A&E > 4 hours (SOF)	91.6%	89.0%	94.2%	91.4%	84.3%	83.6%	85.0%	83.1%	87.6%	88.0%	89.9%	90.8%	90.1%	89.6%	89.1%	89.3%	>=95%	<=90%
Patients >12 hours from DTA	4	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	None
% of all ambulance handovers > 60 mins?	1.2%	0.6%	0.1%	0.3%	1.1%	1.4%	1.0%	1.3%	0.7%	0.3%	0.1%	0.2%	0.4%	0.3%	in arrears	0.3%	<=1.0%	>2.0%
Referral to treatment (RTT)																		
Total Incompletes waiting	36093	35728	36780	34912	34585	34691	34290	35728	35568	36618	36840	36724	37264	37120	37321		35728	37500
% waiting within 18 weeks	92.6%	92.3%	92.2%	92.5%	91.3%	92.4%	92.7%	92.3%	92.4%	92.5%	92.1%	92.0%	92.2%	92.0%	92.1%		>=92.0%	None
Waiting >= 18 weeks (backlog)	2715	2722	2855	2608	2998	2649	2510	2722	2710	2760	2926	2922	2918	2964	2953			
Waiting 35 weeks and over	149	156	148	121	140	135	129	156	159	170	185	194	164	178	193	1243		
Waiting 52 weeks and over	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	1	0	None
Diagnostics																		
Diagnostics waiting 6 weeks and over	49		32	26	36	37	45	47	48	36	41	47	42	69	52		None	None
% waiting 6 weeks and over for a diagnostic procedure	0.4%	0.4%	0.3%	0.2%	0.4%	0.4%	0.4%	0.4%	0.4%	0.3%	0.3%	0.4%	0.4%	0.6%	0.4%	0.4%	<=1.0%	None
Cancelled operations																		
On day cancelled operations (Non-Clinical) (% of electives)	0.9%	1.2%	1.0%	1.2%	1.4%	1.5%	2.0%	1.3%	2.1%	1.2%	0.5%	1.1%	0.9%	1.1%	1.4%	1.2%	<=0.8%	>1.2%
% of cancelled patients admitted within 28 days	93.3%	92.5%	98.5%	92.3%	88.4%	90.5%	91.9%	88.0%	88.9%	78.0%	83.8%	94.9%	75.9%	86.8%	90.0%	86.7%	100%	<90%
Waiting times for emergency procedures																		
Mean time from booking to surgery (CEPOD)	New	New													8.08		TBC	TBC

Responsive – Cancer – Key measures

	Q2	Oct-17	Nov	Dec	Q3	Jan	Feb	Mar	Q4	Apr	May	Jun	Q1	Jul	Aug	Sep-18	Q2	Oct	Target
Cancer																			
2 week waits – urgent GP referrals	96.0%	96.5%	97.1%	95.9%	96.5%	96.2%	97.2%	96.9%	96.8%	96%	97.3%	97.1%	96.8%	97.5%	97.3%	96.8%	97.2%	in arrears	>=93%
2 week waits - Breast symptomatic referrals	96.5%	94.7%	95.0%	96.0%	95.2%	95.6%	95.6%	96.7%	96.0%	98.3%	98.3%	95.6%	97.6%	95.8%	98.1%	94.5%	95.1%	in arrears	>=93%
31 day wait for first treatment	99.9%	99.3%	98.9%	100%	99.4%	99.3%	99.5%	100%	99.7%	99.6%	100%	100%	99.8%	99.3%	99.6%	100%	99.6%	in arrears	>=96%
31 day wait for second or subsequent treatment Surgery	100%	96.6%	100%	100%	98.5%	100%	100%	100%	100%	100%	100%	100%	100%	97.4%	100%	100%	99.2%	in arrears	>=94%
31 day wait for second or subsequent treatment Anti-cancer drugs	99.3%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%*	100%	100%	100%	100%	100%	in arrears	>=98%
62 day wait for first treatment (SOF)	93.3%	94.0%	94.1%	93.0%	93.6%	89.2%	89.1%	94.1%	91.0%	93.8%	93.5%	93.0%	93.2%	93.6%	92.4%	89.7%	92.3%	in arrears	>=85%
62 day wait for screening patients (SOF)	97.5%	100%	100%	100%	100%	96.2%	100%	97.6%	97.4%	100%	97.6%	100%	99.1%	98.0%	100%	100%	99.2%	in arrears	>=90%

* There was a reporting error with the production of the 31 day subsequent anti-drug cancer treatment performance for the national data in June 18. This resulted in an apparent breach of the standard on the national reports. The standard was however reached and the performance for the Trust was 100%.

Responsive – Cancer 62-day waits standard by tumour group

	Q2	Oct-17	Nov	Dec	Q3	Jan	Feb	Mar	Q4	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct-18	Target
Brain/CNS	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
Breast	100% (78/78)	100%	100%	96.1%	98.7% (76/77)	100%	100%	100%	100% (53/53)	100%	100%	100%	100% (97.5/97.5)	100%	100%	97.2%	99.3% (68.5/69)		
Childrens	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
Gynaecological	89.3% (12.5/14)	87.5%	84.6%	92.9%	88.4% (19/21.5)	88.9%	91.7%	100%	92.0% (11.5/12.5)	92.9%	77.8%	100%	90.6% (14.5/16)	93.8%	93.3%	88.9%	92.5% (18.5/20)		
Haematological	92.3% (12/13)	85.7%	100%	83.3%	88.9% (12/13.5)	90.0%	57.1%	80.0%	81.1% (15/18.5)	100%	100%	100%	97.7% (21.5/22)	100%	66.7%	100%	84.6% (11/13)		
Head & Neck	81.0% (8.5/10.5)	80.0%	36.4%	100%	59.1% (6.5/11)	77.8%	100%	50.0%	80.0% (6/7.5)	50.0%	80.0%	62.5%	65.4% (8.5/13)	85.7%	87.5%	57.1%	77.3% (8.5/11)		
Lower GI	92.0% (34.5/37.5)	90%	100%	78.3%	90.3% (32.5/36)	80.0%	88.9%	88.9%	85.7% (36/42)	81.5%	79.3%	92.9%	84.5% (35.5/42)	85.0%	66.7%	94.4%	83.0% (22/26.5)		
Lung	86.5% (16/18.5)	100%	93.3%	84.6%	93.5% (21.5/23)	62.5%	81.8%	83.3%	72.7% (12/16.5)	100%	70.0%	100%	91.7% (16.5/18)	100%	92.3%	66.7%	86.5% (16/18.5)	in arrears	>=85%
Sarcomas	100% (1/1)	100%	0.0%	NA	50.0% (0.5/1)	100%	50.0%	NA	66.7% (1/1.5)	50.0%	0.0%	0.0%	33.3% (1/3)	NA	100%	NA	100.0% (1/1)		
Skin	99.0% (97.5/98.5)	95.7%	96.8%	100%	97.6% (80/82)	100%	100%	100%	100% (74/74)	97.6%	100%	100%	99.0% (98/99)	100%	100%	95.2%	99.0% (99/100)		
Upper GI	86.0% (18.5/21.5)	92.3%	100%	100%	97.1% (16.5/17)	84.2%	66.7%	100%	84.2% (16/19)	87.5%	94.1%	90.0%	91.4% (16/17.5)	73.3%	100%	58.3%	75.0% (13.5/18)		
Urological	92.4% (73/79)	92.5%	96.2%	94.5%	94.3% (108/114.5)	91.5%	80.0%	92.4%	90.1% (77.5/86)	95.0%	94.5%	83.5%	90.8% (123/135.5)	90.0%	88.7%	92.9%	90.3% (120.5/133.5)		
Other	25.0% (0.5/2)	50%	100%	50.0%	57.1% (2/3.5)	0.0%	NA	NA	00.0% (0/1.5)	100%	100%	100%	100% (2.5/2.5)	100%	100%	NA	100.0% (2.5/2.5)		
Total	**94.2% (351/372.5)**	**94%**	**94.1%**	**93.0%**	**93.6% (374/399)**	**89.2%**	**89.1%**	**94.1%**	**91.0% (301/330.5)**	**93.8%**	**93.5%**	**93.0%**	**93.2% (433.5/463)**	**93.6%**	**92.4%**	**89.7%**	**92.3% (380/421)**		
Cancer – 62-day referral to treatment standard – over 104 day waiters																			
Number of patients waiting over 104 days		4	2	3		0	2	4		2	3	2		2	1	6		0	
% of patients waiting over 104 days		0.3%	0.1%	0.2%		0.0%	0.1%	0.3%		0.1%	0.2%	0.1%		0.1%	0.1%	0.3%		0.0%	

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

Well-led – Workforce Key measures (1)

	16/17	17/18	Oct-17	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct-18	YTD	Target*	Threshold*
Staff numbers																		
Staff in post FTE	8011	8184	8113	8138	8160	8170	8238	8184	8167	8169	8177	8179	8155	8202	8270	N/A	None	
Vacancy FTE **	649	1029	934	904	981	998	1051	1029	1064				1119	1016	951	N/A	None	
Starters FTE	1564	1139	111	101	46	90	107	79	63	70	67	95	90	114	199	698	None	
Leavers FTE	1197	1170	116	75	108	79	67	127	89	85	67	114	100	113	124	692	None	
Turnover																		
Turnover rate % (SOF)	14.6%	N/A	15.0%	15.1%	15.2%	15.0%	14.9%	15.0%	15.0%	15.1%	14.9%	15.0%	15.1%	15.0%	15.1%		<=13.0%	>14.5%
Avoidable turnover %			12.1%	12.1%	12.3%	12.3%	12.1%	12.4%	12.4%	12.5%	12.6%	12.5%	12.6%	12.8%	12.6%		TBC	TBC
Unavoidable turnover %			2.8%	2.8%	2.9%	2.8%	2.8%	2.6%	2.6%	2.6%	2.3%	2.5%	2.5%	2.2%	2.4%		TBC	TBC
Nursing turnover rate %	14.6%	N/A	14.1%	13.9%	14.5%	14.4%	14.2%	14.5%	14.6%	14.7%	14.7%	14.6%	14.9%	14.8%	15.1%		<=13.0%	>14.5%
Executive team turnover	0	3	0	0	0	0	1	1	0	0	0	0	0	0	0		None	
Time to recruit																		
From date vacancy created to unconditional offer (days)	53.9		58	51	54	59	52	47	50	53	54	55	54	53	52		<=40	>50
**Vacancy ** **																		
Vacancy rate - total %	10.2%		10.9%	10.5%	11.3%	11.5%	11.1%	11.8%					12.8%	11.6%	11.2%		<=10.5%	>12.0%
Vacancy rate – doctors %	New					3.5%	2.1%	3.1%	2.0%					6.0%	4.0%		<=5.0%	>5.5%
Vacancy rate – nurses %	15.4%		15.5%	15.0%	15.3%	15.6%	15.4%	16.4%					16.4%	16.1%	14.6%		<=14.0%	>15.5%
Agency spend (SOF)																		
Agency spend as % of pay bill	7.7%		5.2%	4.8%	4.3%	5.0%	5.2%	6.4%	5.6%	5.9%	5.1%	4.9%	3.9%	4.9%	4.6%		<=4.0%	>5.0%
Agency spend – total (£000s) ***	30473		1764	1658	1461	1724	1801	2218	1980	2060	1795	1723	1894	1737	1644	12833	1533	1725
Agency - doctors (£000s) ****	12656		836	778	617	757	823	1108	819	789	845	669	867	679	640	5308	None	
Agency - nurses (£000s)	8490		524	452	446	539	504	561	493	739	467	452	503	608	535	3797	None	
Agency - other (£000s)	9327		404	428	398	428	474	549	668	532	483	602	524	450	469	3728	None	
Sickness																		
Sickness absence rate % (SOF)	2.9%		3.1%	3.1%	3.1%	3.1%	3.1%	3.2%	3.2%	3.1%	3.1%	3.1%	3.1%	3.1%	2.9%		<=2.9%	>3.2%

** Targets and thresholds for Workforce have been amended for 2018-19. RAG ratings for 2017-18 remain as at the targets/thresholds for last year*
*** On-going reviews with finance are being undertaken to ensure the establishments reflect the actual position trust-wide; data will be available as soon as possible*
**** The agency spend total is a control target based on an annual total target of £23m or £1.917m per month*
***** Agency spend for doctors – the target is based on an overall reduction in spend of £1.88m for 2017/18*

Well-led – Workforce Key measures (2)

	16/17	17/18	Oct-17	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct-18	YTD	Target	Threshold
Appraisal rates																		
Appraisal (non-medical) %	N/A	N/A	62%	61%	62%	62%	63%	62%	64%	65%	67%	72%	72%	75%	76%	N/A	>=85%	<70%
Appraisal (medical) %	N/A	N/A	97%	96%	94%	97%	89%	94%	96%	96%	96%	97%			95%	N/A	>=95%	<85%
Training																		
MAST % *	N/A	N/A	77%	78%	78%	79%	80%	81%	81%	81%	82%	83%	85%	87%	88%	N/A	>=85%	<60%
**Friends & family test for staff ** **																		
% recommending here as a place to work	N/A	N/A	66%			72%			73%			71%			in arrears		Q1, 2, 4 >=70% Q3 >= 66%	Q1, 2, 4 <62% Q3 <62%
% recommending here as a place for care (SOF)	N/A	N/A	79%			88%			89%			88%			in arrears		Q1, 2, 4 >=86% Q3 >=76%	Q1, 2, 4 <79% Q3 <70%
NHS staff survey																		
NHS staff survey - engagement score (definition TBC)	3.91		3.89												in arrears		>=3.87	<3.79

** Work continues to standardise the electronic staff record (ESR) trust-wide from which this data is taken*
*** Friends and family test (FFT) replaced by National Staff Survey in Q3; the question is worded slightly differently "If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation". Note the target and threshold for Q3 is based on the National Staff Survey results; Q1, 2 and 4 are based on FFT results*

Well-led – Efficiency Key measures

	16/17	17/18	Oct-17	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct-18	YTD	Target	Threshold
Outpatients																		
Did not attend (DNA) rate	6.8%	7.0%	6.8%	6.9%	7.2%	6.9%	6.8%	7.0%	6.8%	7.1%	7.1%	7.3%	7.0%	6.9%	6.9%	7.0%	<=8.2%	>11.3%
Outpatient new to follow-up ratios	2.03	2.00	1.94	1.94	1.98	2.06	2.00	1.98	1.98	2.01	1.95	1.96	1.99	1.97	1.89	1.96	<=2.48	>3.85
Length of stay (LOS) and Delayed Transfers of Care (DTOC)																		
Elective LOS	2.53	2.71	2.62	2.41	2.64	2.79	2.78	3.17	2.88	2.83	2.34	2.56	2.89	2.94	2.66	2.72	<=2.77	>3.53
Non-elective LOS	4.05	4.05	4.05	3.84	3.93	4.16	4.26	3.97	4.00	3.80	3.66	3.67	3.69	3.68	3.79	3.75	<=3.13	>4.98
% of bed days lost due to delays	4.4%	5.1%	6.3%	5.6%	5.2%	4.2%	3.9%	5.4%	5.1%	6.7%	6.1%	6.7%	6.3%	8.0%	5.7%	6.5%	<=3.5%	>4.0%
Number of patients delayed at the end of each month	395	839	84	62	75	76	61	80	76	73	83	78	59	92	61	547		
Beds occupied by extended LOS patients*			New measure	269	269	301	271	274	282	271	223	233	251	232	236			
Day case rate																		
% day cases of all electives	81%	82%	83%	83%	83%	85%	84%	83%	85%	83%	83%	83%	83%	83%	83%	83%	>=81%	<71%
Theatre utilisation																		
Intra-session theatre utilisation rate	73.5%	73.2%	74%	75%	74%	72%	72%	74%	73%	73%	72%	72%	72%	72%	73%	73%	>=85%	<70%
Coding Performance Indicators																		
Uncoded at Freeze			2	5	2	8	6	4	2	0	3	7	4	6	in arrears		0	>10
Uncoded at Flex			9632	6883	5909	4700	3500	2435	3681	7680	6450	7113	7310	6988	8093			
% uncoded at Flex			54%	37%	35%	25%	21%	13%	21%	41%	35%	37%	40%	39%	34%		<25%	>35%
Total uncoded position (including current month - target 11000)																		
			15752	16457	13215	13814	8330	7654	9132	14432	14795	15157	13593	14440	14451		11000	
Depth of Coding for Frimley Health Foundation Trust (FHFT)**																		
National Average			5.14	5.56	5.21	5.29	5.30	5.35	5.39	5.30	5.30	5.35	5.39	5.4	in arrears			
FHFT			4.81	4.70	4.82	4.69	4.60	4.55	4.75	4.60	4.60	4.55	4.55	4.73	in arrears		>= Nat Av	<4.7

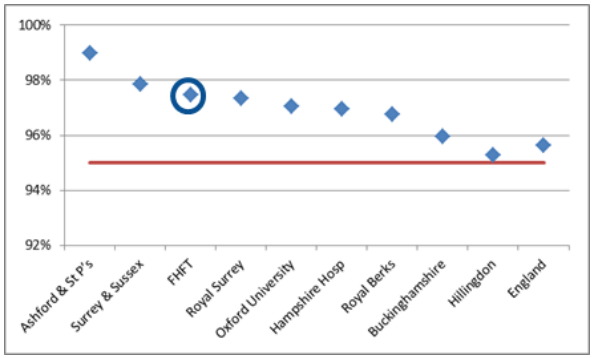
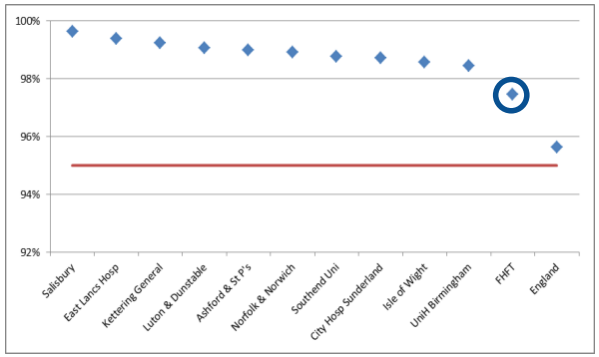
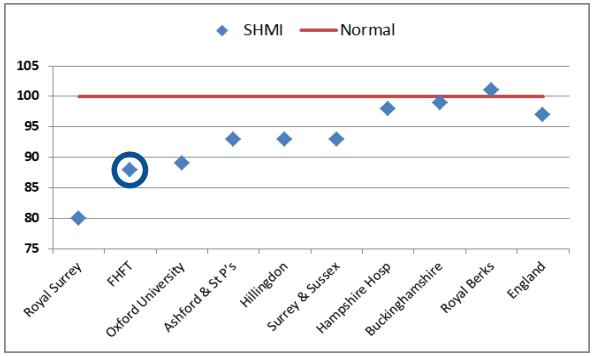
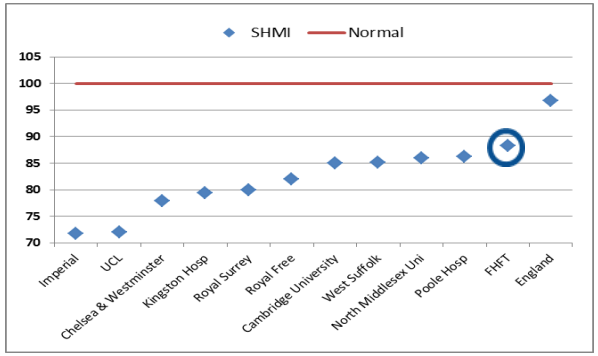
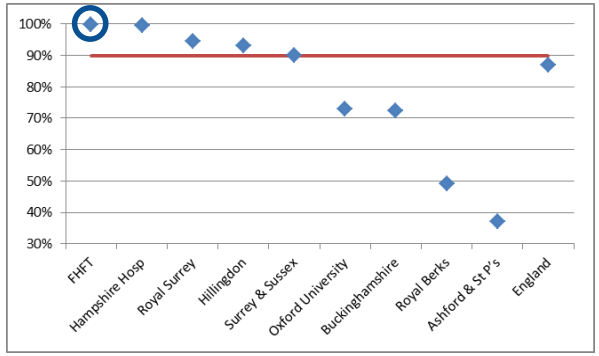
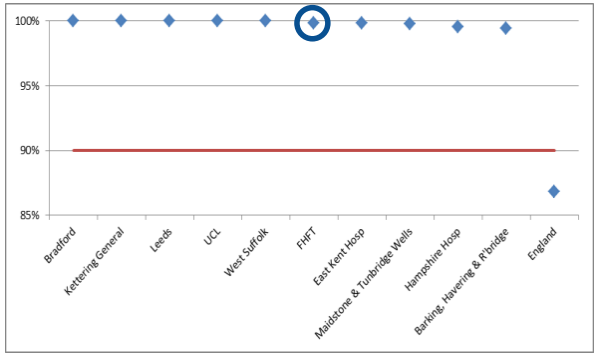
Data for Jan 18 & Feb 18 in Coding KPIs is estimated, due to non availability of data
* Beds occupied by patients with a length of stay of 21 or more days
** Depth of coding information is retrospective by three months, however there is currently a national issue with NHS Digital meaning more recent data is not available

Well-led – Finance Key measures

	Year to Date (Month 07)			Forecast Outturn		
	Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
Income	375.2	381.1	5.9	639.7	648.9	9.2
Expenditure	(361.6)	(373.8)	(12.2)	(618.1)	(632.2)	(14.1)
EBITDA (income less expenditure) (SOF)	13.6	7.3	(6.3)	21.6	16.7	(5.0)
Financing costs	(8.7)	(3.6)	5.1	(15.1)	(10.0)	5.1
Provider Sustainability Fund	11.8	11.8	0.0	26.2	26.2	0.0
Net / surplus deficit	16.7	15.5	(1.2)	32.7	32.8	0.1
CIPs	16.6	13.7	(2.9)	31.0	24.7	(6.3)
Cash balance	102.2	105.9	3.7	113.6	118.9	5.3
Capital expenditure	48.3	42.9	(5.3)	76.4	78.0	1.6

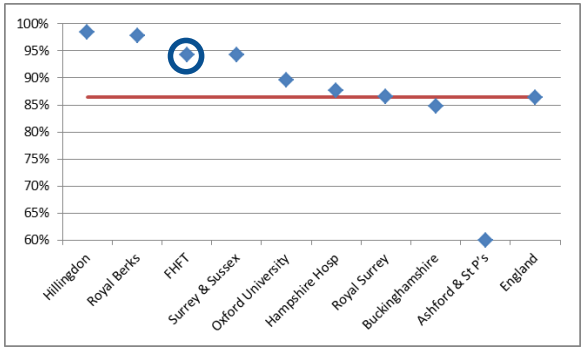
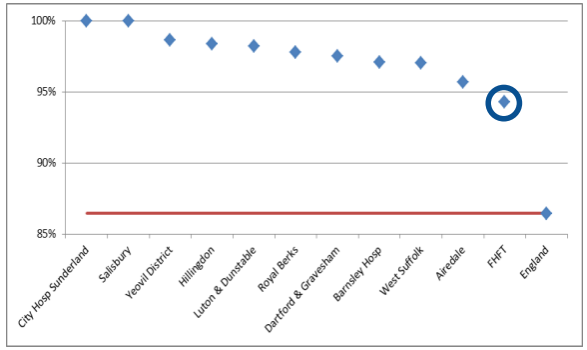
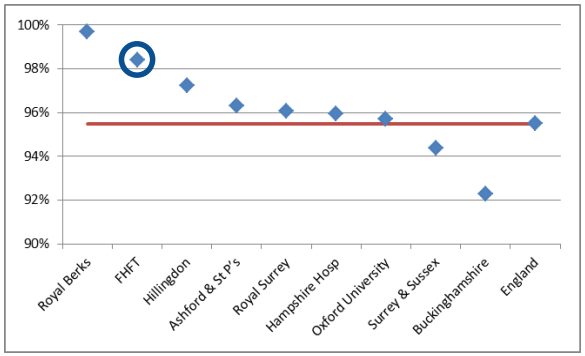
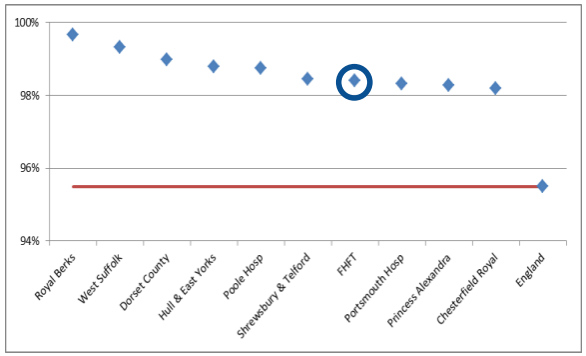
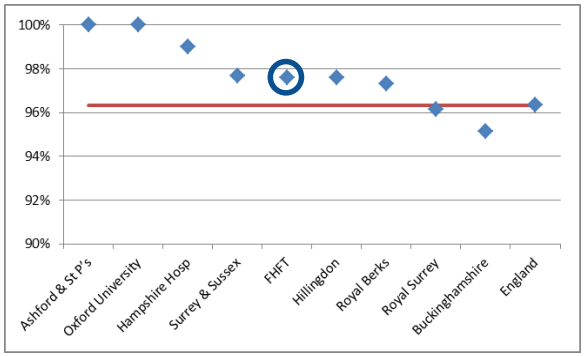
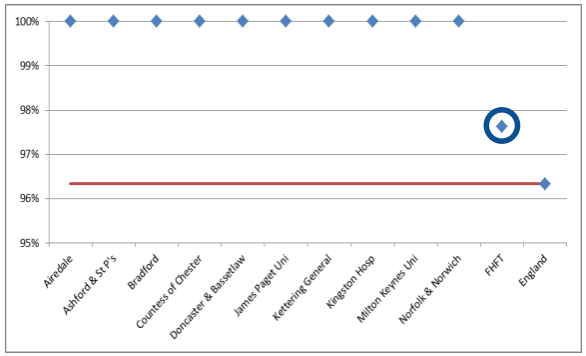
Figures in brackets indicate an adverse position
** Cash balance - threshold is cumulative at £0.5m per month , given material variances are correlated to STF payments*
*** Capital expenditure – timing differences / slippage in-month can mean the month threshold is lower than for the forecast*

Benchmarking – selected measures (1)

	Local trusts	Best in class	Rank	Quartile
Safe VTE			22/91	1st
Effective SHMI			12/88	1st
Caring Dementia			6/84	1st

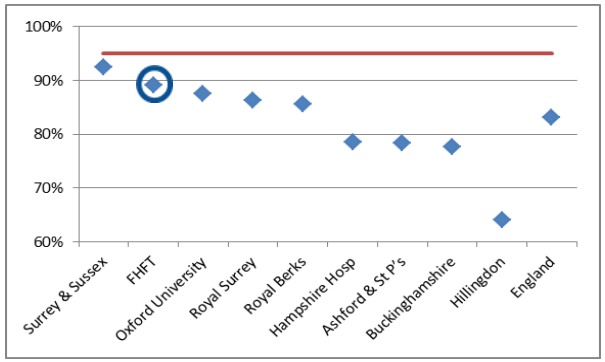
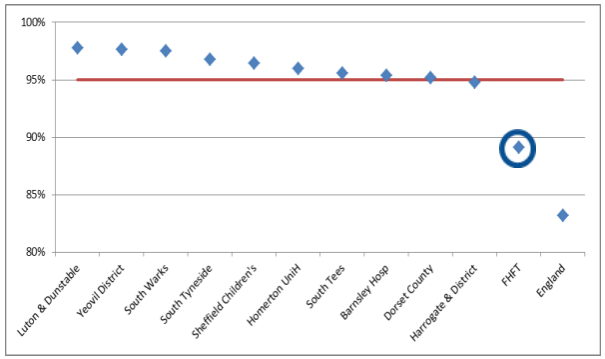
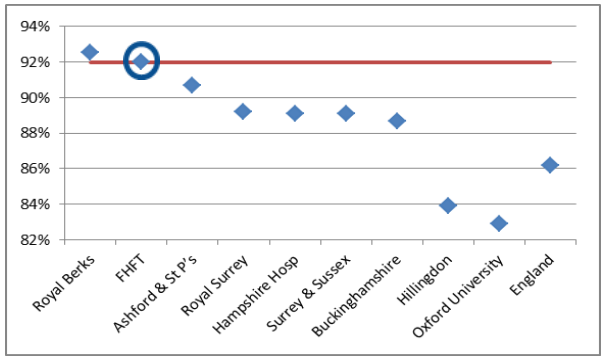
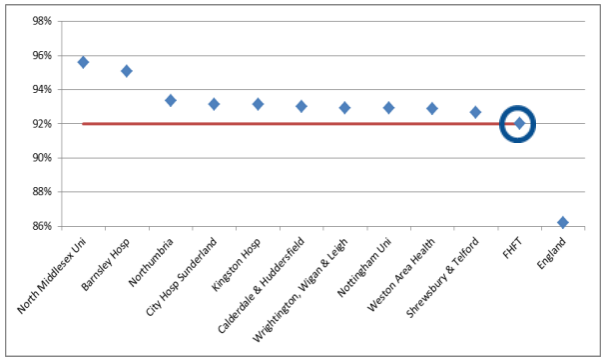
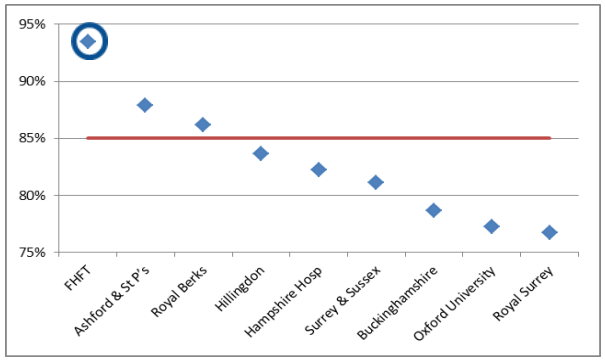
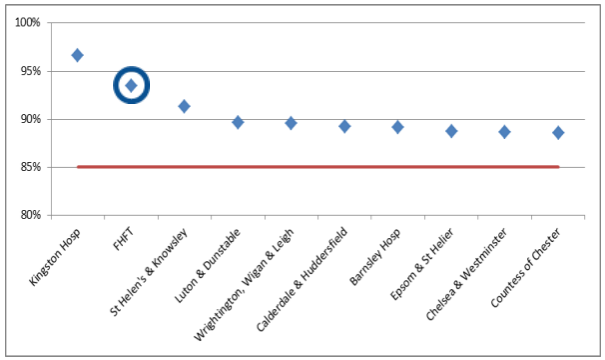
***NOTE** – for each graph, the position furthest to the left is the best performing trust and — is the target.*
***Data periods:** VTE = Q1 2018/19; SMHI = August 2017 – July 2018; Dementia = Q1 2018/19*

Benchmarking – selected measures (2)

	Local trusts	Best in class	Rank	Quartile
Caring ED FFT			22/91	1st
Caring Inpatient FFT			7/85	1st
Caring Maternity FFT			46/80	3rd

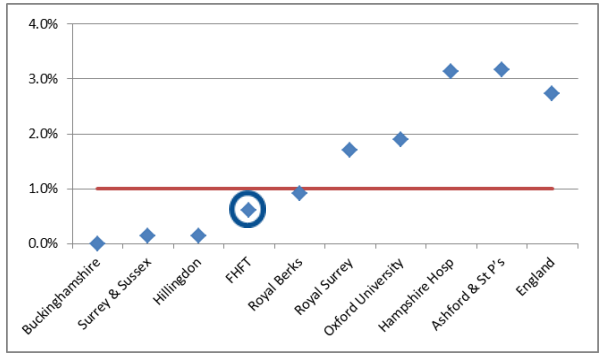
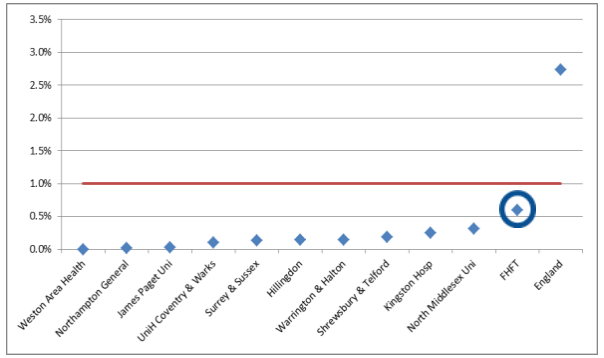
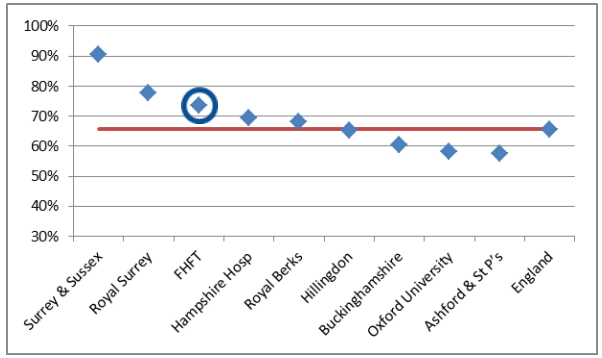
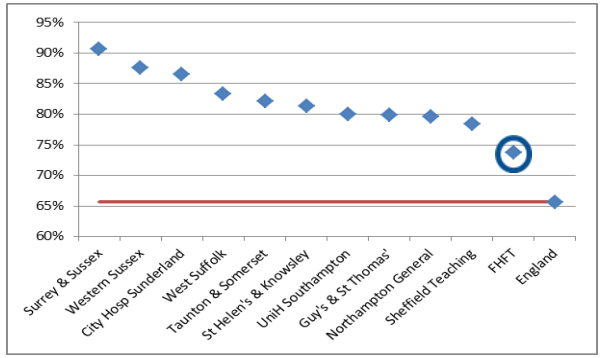
NOTE *– for each graph, the position furthest to the left is the best performing trust.* ***Data periods:*** *ED FFT, Inpatient FFT, Maternity FFT (friends & family test) = Sep 2018*

Benchmarking – selected measures (3)

	Current cohort	Best in class	Rank	Quartile
Responsive ED 4 hour			40/133	2nd
Responsive RTT			18/84	1st
Responsive Cancer			2/91	1st

NOTE** – for each graph, the position furthest to the left is the best performing trust.* ***Data periods: *A&E (4 hour target) = Oct 2018; RTT (incomplete pathways) = Sep 2018; Cancer = Q1 2018/19*

Benchmarking – selected measures (4)

	Current cohort	Best in class	Rank	Quartile
Responsive Diagnostics			23/86	2nd
Workforce Staff FFT			22/87	2nd

***NOTE** – for each graph, the position furthest to the left is the best performing trust.* ***Data periods:** Diagnostic waits = Sep 2018; Staff FFT (friends & family test) = Q1 2018/19*

Activity

	16/17	17/18	Oct-17	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct-18	YTD	YTD % change
GP and general dental practitioner referrals to all outpatients																	
Total GP/GDP referrals	184988	181510	15785	15353	12316	15348	14900	15594	15122	16551	15389	15688	15326	14137	16489	108702	1%
% change on previous year			3%	-3%	-8%	0%	3%	-10%	11%	4%	-4%	0%	-1%	-7%	4%		
Outpatient attendances																	
New attendances	276653	293248	26582	27666	21582	26748	23583	24390	24510	25950	25518	26329	24934	24278	27633	179152	3%
Follow-up attendances	598902	588697	51620	53746	42725	55202	47089	48255	48552	52082	49847	51612	49515	47857	52197	351662	1%
Total OP attendances	875555	881945	78202	81412	64307	81950	70672	72645	73062	78032	75365	77941	74449	72135	79830	530814	2%
% change on previous year			5%	1%	-3%	9%	2%	-11%	10%	-1%	-4%	6%	2%	-2%	2%		
Elective admissions																	
Daycase	64340	67701	5885	6284	5081	6153	5714	5868	5652	5956	5837	6047	5688	5685	6095	40960	6%
Overnight	15567	14070	1193	1261	1070	1123	1076	1207	1010	1190	1190	1229	1130	1141	1267	8157	-2%
Regular day attenders	15820	16654	1375	1419	1224	1484	1240	1385	1231	1440	1318	1719	1486	1448	1782	10424	5%
Total elective admissions	95727	98425	8453	8964	7375	8760	8030	8460	7893	8586	8345	8995	8304	8274	9144	59541	5%
% change on previous year			20%	17%	19%	21%	21%	12%	8%	-2%	-1%	12%	4%	5%	8%		
Emergency department (ED) attendances																	
ED attendances (total)	237509	238037	20149	19811	20198	19659	17941	20180	19437	21112	20796	21043	19432	19859	20202	141881	1%
% change on previous year			-1%	1%	3%	1%	4%	-1%	1%	0%	2%	2%	1%	2%	0%		
Non-elective admissions																	
Non-elective – Zero LOS admissions	35602	37401	3174	3275	3347	3330	3048	3345	3322	3509	3766	3579	3484	3350	3499	24509	16%
Emergency Admissions (excluding Zero LOS)	54629	53719	4426	4580	4752	4594	4160	4815	4444	4680	4472	4518	4430	4482	4732	31758	3%
Other Non-elective admissions	18888	18233	1607	1597	1432	1572	1330	1559	1462	1599	1533	1543	1518	1644	1556	10855	1%
Non-elective admissions (total)	109119	109353	9207	9452	9531	9496	8538	9719	9228	9788	9771	9640	9432	9476	9787	67122	7%
% change on previous year			-2%	0%	1%	4%	6%	4%	9%	6%	11%	5%	9%	5%	6%		

Activity – CCG breakdown

	16/17	17/18	Oct-17	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct-18	YTD	YTD % change
GP and general dental practitioner (GDP) referrals to all outpatients by CCG																	
NHS NE Hants and Farnham		40524	3560	3529	2751	3499	3220	3306	3266	3668	3482	3537	3559	3182	3401	24095	0%
NHS East Berkshire		94550	8246	7903	6413	7857	7761	8191	7716	8484	7707	8070	7504	7057	8535	55073	-2%
NHS Surrey Heath		15723	1364	1295	993	1302	1274	1272	1319	1292	1311	1283	1304	1198	1337	9044	-6%
NHS Buckinghamshire		14624	1254	1281	1059	1237	1228	1231	1193	1384	1288	1343	1353	1177	1409	9147	6%
Other CCG's		16078	1361	1345	1100	1453	1417	1594	1628	1723	1601	1455	1606	1523	1807	11343	24%
Total GP/GDP referrals *	184988	181499	15785	15353	12316	15348	14900	15594	15122	16551	15389	15688	15326	14137	16489	108702	1%
% change on previous year			3%	-3%	-8%	0%	3%	-10%	11%	4%	-4%	0%	-1%	-7%	4%		
Emergency department (ED) attendances																	
NHS NE Hants and Farnham	48606	50261	4391	4379	4449	4367	3968	4346	4324	4720	4617	4635	4066	4377	4487	31226	0%
NHS East Berkshire	100812	101084	8787	8475	8427	8757	7766	8858	8247	8873	8641	8818	8118	8475	8551	59723	1%
NHS Surrey Heath	31034	28884	2056	2067	2144	2043	1821	2028	1958	2195	2221	2104	2007	2032	2068	14585	-1%
NHS Buckinghamshire	28264	29020	2427	2524	2605	2628	2293	2553	2487	2683	2624	2695	2490	2506	2674	18159	6%
Other CCG's	28793	28788	2488	2366	2573	1864	2093	2395	2421	2641	2693	2791	2751	2469	2422	18188	0%
Total *	237509	238037	20149	19811	20198	19659	17941	20180	19437	21112	20796	21043	19432	19859	20202	141881	1%
% change on previous year			-1%	1%	3%	1%	4%	-1%	1%	0%	2%	2%	1%	2%	0%		
Emergency Admissions																	
NHS NE Hants and Farnham	18904	18619	1584	1568	1653	1642	1436	1593	1560	1613	1643	1668	1521	1634	1784	11423	7%
NHS East Berkshire	38473	38799	3344	3485	3415	3410	3132	3617	3391	3570	3508	3448	3390	3301	3485	24093	9%
NHS Surrey Heath	8933	8686	692	737	744	737	723	698	738	748	804	763	752	744	793	5342	6%
NHS Buckinghamshire	11585	12487	962	1115	1222	1182	1033	1209	1105	1218	1215	1141	1163	1083	1128	8053	17%
Other CCG's	7952	8265	717	711	801	692	621	754	719	754	740	779	747	738	726	5203	6%
Total *	85847	86856	7299	7616	7835	7663	6945	7871	7513	7903	7910	7799	7573	7500	7916	54114	9%
% change on previous year			-3%	0%	3%	4%	9%	5%	12%	7%	13%	7%	9%	5%	8%		

* Totals for 2017/18 include data from NHS Chiltern CCG which is now part of NHS Buckinghamshire CCG and NHS Bracknell & Ascot CCG, NHS Slough CCG and NHS Windsor, Ascot & Maidenhead CCG which together now form East Berkshire CCG

Appendix A – Methodologies & glossary

Appendix A

Appendix A – Methodologies for calculating the measures

Measure name	Numerator	Denominator	
Length of stay	▪ 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)	▪ Total number of discharges in the period	▪ Expressed as a proportion ▪ Measure is consistent with that reported on HED (benchmarking service)
Readmissions	▪ 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	▪ Total number of discharges (completed spells) in the period prior to the last 30 days	▪ Measure is consistent with that used by CQC
Daycase %	▪ 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	▪ Total number of elective spells (admitted off a waiting list)	▪ Expressed as a percentage

Appendix A – Methodologies for calculating the measures

Measure name	Numerator	Denominator	
Outpatient new to follow-up ratio	▪ Number of follow-up outpatient attendances for all referrals and all appointment types (consultant and non-consultant led). Includes ward attenders and private patients	▪ Number of new outpatient attendances	▪ 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	▪ 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	▪ Number of outpatient attendances plus the number of appointments where the patient did not attend	▪ Expressed as a percentage ▪ Measure is consistent with that reported on HED (benchmarking service)
Falls resulting in significant injury (rate per 1000 beddays)	▪ Falls recorded on Datix resulting in moderate or severe harm or death	▪ Total number of occupied beddays (including daycases) ▪ Divided by 1000	▪ 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 *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 replace 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'*
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
HW	Heatherwood Hospital
HWP	Heatherwood and Wexham Park Hospitals
POSSUM	Physiological and Operative Severity Score for the enUmeration of Mortality and Morbidity
WX	Wexham Park Hospital
SOF	Single Oversight Framework
YTD	Year-to-date

Appendix B – Care Quality Commission (CQC)

Appendix B

CQC insight report – Summary of Additional Insight Indicators

	MW	W	S	B	MB
	Much Worse	Worse	Same	Better	Much Better
Trust Wide Indicators					
National comparison	0	0	66	2	3
Urgent & Emergency					
National comparison	0	0	15	0	0
Medical					
National comparison	1	0	25	1	0
Surgery					
National comparison	2	2	26	8	0
Critical Care					
National comparison	0	0	11	0	0
Maternity					
National comparison	0	1	9	1	0
Children & Young People					
National comparison	0	1	15	0	0
Outpatients					
National comparison	0	0	5	2	1
TOTAL	**3**	**4**	**172**	**14**	**4**

The Trust wide indicators are not a sum of the directorate indicators, as the indicators differ in all sections.

CQC insight report – Additional Indicators (1)

Directorate	Domain	Indicator	CQC Previous	CQC Latest	October 18 Change	October 18 National Comparison	Latest FH Data	Latest FH Change	Latest National Comparison
Total Trust	Safe	Never event alert in the last three months? NHS Improvement - STEIS (04 May 2018)	N/A	No Jun 18 - Aug 18	N/A	S	No Aug – Oct 18	⇔	S
Total Trust	Safe	Never Events (total events with rule-based risk assessment) (NHS Improvement – STEIS)	6 Sep 16-Aug 17	9 Sep 17 – Aug 18	↓	S	No updated data available		
Total Trust	Safe	Never Events (total events with statistical comparison to bed days) NHS Improvement - STEIS	6 Sep 16-Aug 17	9 Sep 17 – Aug 18	↓	S	No updated data available		
Medical Care	Safe	Never Events in medical care (Inpatient CQC Survey)	0 Sep 16-Aug 17	1 Sep 17 – Aug 18	↓	N/A	No updated data available		
Medical Care	Effective	SSNAP Domain 2 overall team centred rating Stroke Unit Wexham (Oct 18)	Level E Dec 16 -Mar 17	Level E Apr 17 - Jun 18	⇔	MW	No updated data available		
Medical Care	Effective	Emergency Readmissions – Acute bronchitis CCG groups	80.6 Apr 16 - Mar 17	92.3 Apr 17 – Mar 18	↓	S	No updated data available		
Surgery	Safe	Never Events in Surgery	5 Sep 16- Aug 17	6 Sep17 - Aug 18	↓	N/A	No updated data available		
Surgery	Safe	Crude percentage of patients documented as not developing a pressure ulcer (%) (Frimley) (National Hip Fracture Database)	100.00% Jan 15-Dec 15	96.80% Jan 16 - Dec 16	↓	S	93.8% 2017	↓	W
Surgery	Safe	Crude percentage of patients documented as not developing a pressure ulcer (%) (Wexham) (National Hip Fracture Database)	94.60% Jan 15-Dec 15	92.10% Jan 16 - Dec 16	↓	W	90.3% 2017	↓	W
Surgery	Effective	Crude proportion of cases with pre-operative documentation of risk of death (Laparotomy Audit – Wexham Park Hospital)	57.0% Dec 14 -Nov 15	36.7% Dec 15 - Nov 16	↓	MW	77.8% May 18	↑	S
Surgery	Responsive	Cancelled operations not treated within 28 days for non clinical cancellation (%)	6.3% Apr 17 – Jun 17	14.6% Apr 18 - Jun 18	↓	S	13.24% Jul 18-Sep 18	↑	S

Additional indicators will be added with a "New" reference

MW	W	S	B	MB
Much Worse	Worse	Same	Better	Much Better

Key	Deteriorating performance	Improved Performance	Stayed the same
	↓	↑	⇔

CQC insight report – Additional Indicators (2)

Directorate	Domain	Indicator	CQC Previous	CQC Latest	October 18 Change	October 18 National Comparison	Latest FH Data	Latest FH Change	Latest National Comparison
Surgery	Effective	PROMs: Primary Knee Replacement EQ-5D score (15-16) - Final (PROMs audit HSCIC)	N/A	Lower 95% Apr 15 - Mar 16	N/A	W	**England Av** Apr 16-Mar 17 (provisional)	↑	S
Surgery	Effective	PROMs: Primary Knee Replacement Oxford score (15-16) - Final (PROMs audit HSCIC)	N/A	Lower 99.8% Apr 15 - Mar 16	N/A	MW	**England Av** Apr 16-Mar 17 (provisional)	↑	S
Surgery	Responsive	Referral to treatment, on completed admitted - pathways in Surgery, within 18 weeks (%) (added April 2018)	70.2% Jul 17	62.50% Jul 18	↓	S	64.0% Sept -18	↑	S
Critical Care	Safe	Never Events in Critical Care (added April 2018)	0 Sep 16–Aug 17	1 Sep 17 - Aug 18	↓	N/A	No updated data available		
Maternity	Safe	Ratio of births to midwifery staff (Electronic Staff Record - ESR)	N/A	31.72 Apr 17- Mar 18	↓	MW	**1:33 HWP** **1:31 FPH** Oct-18	↔	MW nat av 25.68
Maternity	Safe	Ratio of senior midwives to midwives (New) (Electronic Staff Record - ESR)	N/A	0.32 Jan 17 - Dec 17	↓	S	No updated data available		
Maternity	Safe	Never Events in Maternity (added April 2018)	0 Sep 16 –Aug 17	1 Sep 17 - Aug 18	↓	N/A	1 Nov 17-Oct 18	↔	N/A
Children & Young People	Caring	Information about next steps (CQC Child Survey)	N/A	7.3 Nov 16 - Dec 16	N/A	W	No updated data available		

Additional indicators will be added with a "New" reference

MW	W	S	B	MB
Much Worse	Worse	Same	Better	Much Better

Key	Deteriorating performance	Improved Performance	Stayed the same
	↓	↑	↔

Frimley Health NHS Foundation Trust – Use of Resources (1)

Model Hospital: Finance & Use of Resources report

Clinical Services	Data period	Trust value	Performance band description	Peer median	National median
Pre-procedure elective bed days	Q1 2018/19	0.16	In quartile 3 - Mid-High 25%	0.09	0.11
Pre-procedure non-elective bed days	Q1 2018/19	0.53	In quartile 1 - Lowest 25%	0.57	0.69
Did not attend (DNA) rate	Q1 2018/19	5.32%	In quartile 1 - Lowest 25%	6.15%	7.02%
Emergency Readmission 30 days	Q1 2018/19	9.51%	In quartile 4 - Highest 25%	7.56%	7.64%

Clinical Support Services	Data period	Trust value	Performance band description	Peer median	Benchmark value
Top 10 Medicines - % Delivery of Savings Target Achieved to Current Month	To Mar 2018	142%	Above the benchmark	N/A	100%

People	Data period	Trust value	Performance band description	Peer median	National median
Staff retention rate	Jul 2018	83.7%	In quartile 2 - Mid-Low 25%	84.7%	85.8%
Sickness absence rate	Jun 2018	2.71%	In quartile 1 - Lowest 25%	3.41%	3.75%
Total pay cost per WAU	2016/17	£1,976	In quartile 1 - Lowest 25%	£2,067	£2,157
Medical staff cost per WAU	2016/17	£489	In quartile 2 - Mid-Low 25%	£540	£529
Nursing staff cost per WAU	2016/17	£652	In quartile 1 - Lowest 25%	£681	£718
AHP staff cost per WAU	2016/17	£85	In quartile 1 - Lowest 25%	£118	£127

Frimley Health NHS Foundation Trust – Use of Resources (2)

Model Hospital: Finance & Use of Resources report

Corporate services, procurement, and estates and facilities	Data period	Trust value	Performance band description	Peer median	National median
Total non-pay cost per WAU	2016/17	£1,161	In quartile 1 - Lowest 25%	£1,306	£1,301
Finance function cost per £100m turnover	2016/17	£601.88k	In quartile 2 - Mid-Low 25%	£618.23k	£670.51k
HR function cost per £100m turnover	2016/17	£679.93k	In quartile 1 - Lowest 25%	£800.62k	£874.01k

Corporate services, procurement, and estates and facilities	Data period	Trust value	Performance band description	Peer median	National median
Estates & Facilities Cost (£ per m2)	2017/18	£307	In quartile 2 - Mid-Low 25%	£331	£340
Procurement League Table: Process Efficiency and Price Performance Score (scaled 0 to 100)	Q4 2017/18	61	In quartile 3 - Mid-High 25%	57	57

Finance	Data period	Trust value	Performance band description
Capital service capacity - value	Sep 2018	3.75	In quartile 4 - Highest 25%
Liquidity (days) - value	Sep 2018	47.89	In quartile 4 - Highest 25%
Distance from agency spend cap - value	Sep 2018	9.18%	In quartile 2 - Mid-Low 25%
Income and expenditure (I&E) margin - value	Sep 2018	3.00%	In quartile 4 - Highest 25%
Distance from financial plan - value	Sep 2018	-0.10%	In quartile 3 - Mid-High 25%

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Frimley Health NHS
NHS Foundation Trust

Report Title	**Frimley Health NHS Foundation Trust Quality Improvement Plan as at November 2018**
Meeting	Board of Directors
Meeting Date	Friday, 7th December 2018
Agenda No.	7.
Report Type	To advise the Board of Directors on the progress against the Frimley Health NHS Foundation Quality Improvement Plan
Prepared By	Debbie Barrow Governance Manager
Executive Lead	Dr Timothy Ho Medical Director
Executive Summary	Attached is the Frimley Health Quality Improvement Plan which was reviewed and agreed at the meeting of the Trustwide Quality Committee The Quality Improvement Plan describes the key quality and patient safety risks identified for Frimley Health and the actions that are being taken to mitigate those risks, current work streams in progress and further work required. Progress against the Improvement Plan is monitored on a monthly basis by the Frimley Health Quality Committee.
Background	The Trust Quality Committee coordinates and monitors the implementation of the responsive actions being taken by the organisation in relation to quality and provides assurance to the Board that the quality agenda is being embedded in line with the quality strategy, and that performance is measured and monitored.
Issues / Actions	• The Trust has is holding monthly Quality meetings where the Chiefs of Service, Associate Directors and members of the nursing teams were asked to consider the the key strengths and risks/weaknesses for the organisation against the 5 CQC domains (safe, effective, caring, responsive & well-led). • The risks/weaknesses identified are to be reviewed against the Trust Quality Improvement Plan to ensure that these have been recognised and appropriate actions being taken
Recommendation	The Board of Directors is asked to review the progress against the action plan, to agree the priority areas of concern and trajectories for achieving compliance
Appendices	Quality Improvement Plan November 2018

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Frimley Health NHS
NHS Foundation Trust

FRIMLEY HEALTH NHS FOUNDATION TRUST

Quality Improvement Plan

as at November 2018

Ragging Key:

Achieved/on target/progress made

In progress but some challenges

Significant difficulty, poor progress

Action achieved, closed

			Quality Committee Quality Improvement Plan			
Site	**Risk**	**Actions**	**Progress**	**Target Completion Date**	**Lead(s)**	**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. National undersupply of qualified clinical staff is resulting in high vacancy rates and over reliance on agency staff. Specific risks in the following occupations: *Band 5 Staff Nurses (General) *Theatre nurses & ODP's *Paediatric Nurses *Sonographers *Radiographers Medical Roles: 1. Paediatrics – middle grade 2. Anaesthetics – middle grade 3. Trauma and orthopaedics – junior and middle grade 4. Acute medicine – junior, middle grade and consultant 5. Care of the Elderly – junior, middle grade and consultant 6. Respiratory Consultant 7. Urology Consultant 8. Dermatology Consultant 8. ED - junior and middle grade	**Retention**: In September we launched a new retention programme called 'Helping you to Stay' which incorporates key elements of the 'NHSI retaining your staff guide'. As part of this programme employees are offered the opportunity to have a 'stay conversation' with a senior member of staff to discuss any issues or factors which may be impacting on an individual's decision to leave the Trust. The aim of the conversation will be to identify ways in which the Trust can support the employee to stay (e.g. providing career advice / opportunities, supporting with a flexible working request and identifying training and development resource support act.) **Nurse Retention:** We have ward level Recruitment and Retention plans in place for high risk wards and these are reviewed monthly with nurse management and corporate nursing teams. In May we re-launched the internal nurse transfer process; a fast track recruitment process which allows staff to transfer between ward without going through a formal recruitment process. **Recruiting Staff**: As part of our Recruitment and Retention Strategy, over the last two years we have significantly enhanced our recruitment practices across the Trust to reduce vacancies across various staff groups. Following completion of an Employer Branding project we now use social media advertising (Facebook, Linked In, Twitter, and Instagram) across departments & specialities, have significantly improved our careers website (with video content) and developed other efficient advertising techniques such as using a text service and a QR Barcode to allow potential candidates to express interest in roles.	Q4 18/19	Director of HR & Corporate Services / Director of Nursing Deputy Director of Nursing (WPH) / Assistant Director of Resourcing	**Significant challenges**
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	Each speciality to review medical staffing model and make recommendations to mitigate forthcoming expected gaps in junior doctor rota	HCAs and non clinical support staff being used in surgery. New Temporary Workforce approval process for all medical bank & agency staff developed by HR/Deputy Medical Directors/Directors of Operations. Introduced at beginning of October, email from CEO to all AD's & CoS to launch new process. Locum agency bookings are now centralised at FPH apart from ED and anaesthetics. From 1st May 2018 there is a new software system (Allocate) for temporary staff bookings and it is anticipated that a centralised system to cover all of FPH and WPH bookings will follow shortly after. * There are plans to form a shared doctor bank with Ashford and St Peters, Chertsey and the Royal Surrey County Hospital, Guildford and to extend this to cover the North of the FHFT patch – this is being reviewed in light of the new software system. Implement Allocate across the Trust - monitoring at Safer Staffing group to ensure best value and agreed pay rates are being implemented. *** Current review of strategy to move all locum bookings to direct engagement saving approximately £400k** *** Current review of Medical locum bank and agency rates to generate further savings**	Nov-18	Medical Director/ Deputy Medical Directors FPH & WPH	**Significant challenges**

Site	Risk	Actions	Progress	Target Completion Date	Lead(s)	Status
Frimley Health	**Deteriorating Patient:** To ensure all clinical staff have the right skills & tools to recognise & deliver timely treatment to the deteriorating patient	Learning from SIs and M&M Reviews to be incorporated into training programmes	* Additional training sessions being provided in clinical areas * Electronic observations system tender documents under development,released to framework May 18 with implementation planned end Q3 beginning Q4. E – Observations work stream planned and initial meetings have happened. Deteriorating Patient Summit held June 18 with all stakeholders All Directorates to liaise with the Resus team to ensure training is completed (by August 18) Scoping exercise undertaken to determine the number of training places needed to achieve 85% by end October **Sept update:** Continue to provide extra sessions for Resus level 2 Adult and Paeds -Created "How to access guide"following feedback for on line level 2 resus training -Ad hoc sessions in the ED cross site -Monitoring of Deteriorating patient Improvement plan continues through the Deteriorating patient and Resuscitation Committee. Themes from Deteriorating Summit introduced into improvement plan. -Introduction of NEWS2 Cross site on the 3rd October with information and education programme in place, with F2F session and presentation with link to RCP 8 **November update: Resuscitation training compliance - goal 85% - Level 1 88.96%, Level 2 (adult) 88.96%, Level 3 (adult) 80.7%, Level 2 (Paeds) 80.26%, level 3 (Paeds) 83.33%** **Continue to embed NEWS2** **Ongoing vigilance and support with all staff with regards to implementation and use of NEWS2.** **Monitoring of the use of deviation of parameters in NEWS2 and education around the correct/appropriate usage.** **E - Observations now at procurement stage - target date April 2019.** **Continue to monitor the deteriorating patient improvement plan & review/ update of our policies.**	Oct-18	Medical Director Lead Nurse for Deteriorating Patient	**In progress but some challenges**

Site	Risk	Actions	Progress	Target Completion Date	Lead(s)	Status
Frimley Health	**Sepsis** To implement the new NICE guidelines for recognition & management of Sepsis (NG51	Monitor compliance of the Sepsis Screening Tool through quarterly audits	Inpatient screening & antibiotics within 1 hour of trigger time remains a challenge * Patient information leaflet approved and to be implemented. * Sepsis clinician lead from WPH leaving the trust, one clinical lead for FHFT appointed to aid alignment. * Electronic observations system tender documents under development, to be released to framework May 18 with implementation planned end Q3 beginning Q4 Q4 audit results continued improvement, compliance with screening 100% in ED with 65% antibiotics within 1 hour. Inpatient compliance with screening 65% compared with 39% in Q1 and antibiotics within 1 hour 89% **Reinforce Sepsis Awareness** **Implemented Sepsis Stars to recognise best practice** **All directorates to review their current compliance and take local actions to improve compliance where needed.** **Directorates to liaise with the sepsis team for support in practice.The Patient Safety Collaborative have developed a suspicion of sepsis dashboard which will support Trust to review outcomes for patients with suspicion of/diagnosed sepsis and support improvement work** **Sepsis implementation plan in place NOV UPDATE In addition to overall Trust plan there is a WPH site specific Quality Improvement plan for ED in place to improve timing of key SEPSIS 6 interventions. This includes:** **allocated sepsis cubicles for all patients who trigger positive in screening** **handover and board round awareness sessions on sepsis** **Sepsis newsletter and posters for the department.** **New cross site lead appointed and cross site sepsis summit planned to share best practice/ideas for improvement** **Cross site sepsis committee planned for November18.** **Focus groups to be set up for areas where support needed to improve implementation of the SEPSIS 6** **Matrons sepsis audits to be embedded in practice on the FPH site**	Q3 18/19	Medical Director Head of Patient Safety	**In progress but some challenges**

Site	Risk	Actions	Progress	Target Completion Date	Lead(s)	Status
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 review new national guidance (ReSPECT)	January update: Proposed new Escalation and DNACPR form for FHFT for consultation in January. DNACPR audit Q4.Adult Level 1 73.58% against target of 85% Being addressed through different forum. April update: NEW FHFT DNACPR and Escalation form ratified at the Resuscitation committee 7th March following an extensive consultation period. Awaiting the 2017/18 DNACPR audit of 50 patients cross site. Will present findings when available. Looking at new patient/relative form, mainly pictures with narrative for FHFT. Audit findings presented at Quality Committee, aligned approach implementing best practice to be adopted across Frimley Health - **Sept update:** FHFT Escalation and DNACPR form launched on the frimley site 5th September -For launch at Wexham 28th November. -Initial audit DNACPR FHFT findings presented and re audit being done (Completed 27th September 2018) Finding and improvement plan will be disseminated, October 2018 -patient/relative information sheet awaiting family patient review prior to launch, November 2018 **November update: Resuscitation training compliance - goal 85% - Level 1 88.96%, Level 2 (adult) 88.96%, Level 3 (adult) 80.7%, Level 2 (Paeds) 80.26%, level 3 (Paeds) 83.33%** **Continue to embed NEWS2** **Ongoing vigilance and support with all staff with regards to implementation and use of NEWS2.** **Monitoring of the use of deviation of parameters in NEWS2 and education around the correct/appropriate usage.** **E - Observations now at procurement stage - target date April 2019.** **Continue to monitor the deteriorating patient improvement plan & review/ update of our policies.**	Q3 18/19	Medical Director Lead Nurse for Deteriorating Patient	**In progress but some challenges**
Frimley Park	**Emergency Pressure** To ensure quality of patient care through patient flow	To reduce avoidable admissions through Ambulatory Care pathways and review the threshold for admission by implementing a dynamic response from primary care, social care and community services to support pts at home.	April update: ambulatory care now has 30% zero LOS admissions and has impacted on overall bed admissions. ESI streaming continues. Two paediatric mental health liaison nurses provide rapid assessment to young ED attenders 6 days a week and have significantly reduced the delay for them being seen. We are achieving 95% handover of ambulances on target and highest performing of SECAmb acute trusts. ED Improvement Plans developed May update: ESI reception nurse continues to stream patients to ambulatory care, GP, eye clinic or specialities when appropriate. The ED ward model has requested that this role is extended to 0200 to manage the daily second peak in activity. ED paediatric consultant continues to work in collaboration with paediatrics to improve direct referral to PAU. ED medical staffing continues to support three seniors overnight to enable early senior decision making in ED A&E Improvement Plan for both sites being developed by Directors of Operations. Trust wide ED and Flow Improvement Plan has been developed. -Implementation being led by Transformation Team	Q3 18/19	Director of Operations AD for Medicine	**Significant challenges**

Site	Risk	Actions	Progress	Target Completion Date	Lead(s)	Status
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	Clinically fit list utilised daily to enable community teams to 'pull' patients from hospital to home ADT & implementation of ECFD & EDD relaunched Dec 17, current uptake **average of 85%** Delayed transfer of care down to 3.9% for February, best performance in financial year To develop dashboard to monitor up-take of ADT Military to provide Welfare officer on FPH site to support discharge Work ongoing to fully embed SAFER care bundle A&E Board to agree actions to reduce DeToC July 18 To prioritise achieving premium patients and review of stranded patients via Safer Discharge Group **More prescribing pharmacists needed for the FP site - Business Case being developed** **Key stakeholders attended NHSi Stranded Patient Conference (sept 18)**	Ongoing	Director of Nursing / Director of Operations	**In progress but some challenges**
		To review the management of private funding for nursing home care and support families who are privately funded	December update: JD Currently being banded Trusted assessor meeting to be held 30/11 to review current process and feedback from all involved. **Discharge Facilitator now in post (private funders) post with the aim of reducing length of stay and improving patient/family experience**	Q3 18/19	Director of Operations Matron - Patient Access	**In progress but some challenges**
Frimley Health	**Hospital at Night / Clinical Handover** To ensure consistency in both medical handover arrangements & ownership Hospital at Night /Clinical Handover merged	Review of cmpliance with Hospital at Night arrangements and effectiveness of night time and weekend handover to identify consistent approach	Lead Clinician for Patient Safety on Wexham site leading a cross site review of hospital at night	Q3 18/19	Medical Director / WPH Lead Patient Safety Clinician	**In progress but some challenges**
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	Review consent documentation and procedures & implement new process	April update: Frimley data collected for consent audit, Wexham data collection in progress. Joint consent committee chaired by Deputy Medical Director scheduled for 26/04/18 at Heatherwood. ENT consent forms have been approved by Endoscopy User Group, Cystoscopy form approved by Urology Governance team. First draft of Uro/Gynae form created. Feedback continues to come in on Orthopaedic forms. May update: New cross-site Consent Leadership Group established. To implement best practices identified at Addenbrookes. Trust wide project plan to be developed. September update: Trust wide consent policy approved, consent audit discussed at trust wide consent committee. Outline business case for online consent portal presented at committee. Resource to project manage the implementation to be identified / recruited. Results of consent audit circulated. **November 2018 Sign Up to Safety project, including the Consent workstream has come to an end. Procurement of procedure specific consent forms in final stages for Orthopaedics and Respiratory. Joint Trust wide committee now estabilised. They will monitor and progress the consent action plan identifed from the Consent Audit, going forward**.	Oct-18		**In progress but some challenges**

Site	Risk	Actions	Progress	Target Completion Date	Lead(s)	Status
		Review current patient information with particular focus on risks and benefits to support the consent process for high priority procedures	February update: Endoscopy PIL to be reviewed alongside the production of 5 new specific consent forms. March update: The trust wide Patient Information Policy will be revised and reviewed in conjunction with the new consent policy. April update: Endoscopy PIL have been amended and returned to the speciality for ratification. Trust wide project plan to be developed September update: PIL will be reviewed as part of the online consent portal. **November 2018. See entry above. Sign up to safey project has now ended. However, A sub group of PEF is being formalised to complete a scoping exercise of all existing patient information literature and to review the policy and guidance for production of patient information literature. A virtual patient testing group has been set up to review and test new patient information leaflets. Urgent areas of inconsistency where it may have an impact are being reviewed first**	Oct-18		**In progress but some challenges**
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	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	February update: Video now complete, final editing underway. Bid for additional training for security team : managing patients with challenging behaviour. 2 CAHMS liaison nurses, one in ED & one F1 working well and providing training. ED Consultant at WPH and Psychs in discussion with SIM team re: simulation training for staff. Lead Dementia Nurse Specialist launching 'Forget Me Not' (dementia awareness). May Update: All security staff across all 3 sites have had advanced restraint training together with Head of Nursing for Mental Health. Training to be maintained on an ongoing basis - Mental Health Improvement Plan has been developed . Trust mental health education study day planned for Sept 18 Audit of DOLS and the Mental Health Act being undertaken currently by internal auditors (Sept 18) Guidance has been developed to clarify the role and responsibilites of 1:1 specials- this is being diseminated. (August 18) **Sept update:** Work underway to secure contractual agreement with BHFT to provide advice and guidance on implementing the terms of the MHA 1983 in order to align assurance process across the Trust. Positive response received from BHFT and we are continuing to build the relationship. **October update:** Agreed Mental Health Administrator for BHFT. Awaiting results of internal audit of Mental Health processes	Q3 18/19	Director of Nursing Deputy Director of Nursing FPH	**Achieved/on target/progress made**

Site	Risk	Actions	Progress	Target Completion Date	Lead(s)	Status
		To ensure parity of esteem for vulnerable patients including those with mental health disabilities, learning disabilities and autism where patients receive specialist care within the acute hospital setting	* Extensive mental health improvement plan * Audit of awareness of specialist resources and advice for patients with specialist needs demonstrated generally good awareness, targeted training and awareness for hot spots * Specialist consideration to ensure appropriate consent processes for vulnerable patients using IMCAs and other patient advocates * Accessing more specialist training to manage particularly patients with autism and other communication difficulties Mental Health Awareness Education study day planned for September 2018. LD Strategy reviewed and will be ratified at Nursing & Midwifery in October. Appointed 0.6 WTE LD liaison nurse at FPH. WPH funding agreed with commissioners and recruitment on-going. Trust LD policy in place. Local LD passports in place and used Trust wide. Work underway to secure contractual agreement with BHFT to provide advice and guidance on implementing the terms of the MHA 1983 in order to align assurance process across the Trust. Positive responce received from BHFT and we are continuing to build the relationship. Mental health quality improvement plan being further developed to incorporate paediatric issues under leadership framework identified within 5 Year Forward View - Mental Health.**Nov update A SLA with East Berkshire CCG to employ a LD liaison Nurse for the Heatherwood and Wexham sites agreed. Recruitment to this post in progress.**	Q4 18/19	Director of Nursing Deputy Director of Nursing FPH	**In progress but some challenges**
Frimley Health	**Infection Control** High incidence of E-coli compared with national average, target is to reduce by a minimum of 20% in next 12 months	Raising awareness & education re: E-coli, hand hygiene & personal hygiene compliance	* Senior team briefing at Performance re: E-coli, incident & contributory factors * Clear care plan for management of urinary catheters * Educating patients and carers in management of catheters. **Oct update: The Trust has had a 25% reduction in E-coli bacteraemia compared to April-Oct 2017. Catheter Care Passport finalised and being rolled out across the Frimley ICS. Point prevalence survey of urinary catheters across Frimley ICS being carried out end of Nov18.Nov update: The Trust has had a 20% reduction in E-coli bacteraemia compared to April-Oct 2017. Catheter Care Passport finalised and being rolled out across the Frimley ICS. Point prevalence survey of urinary catheters across Frimley ICS being carried out end of Nov18.**	Q4 18/19	Medical Director Head of Nursing Infection Control	**In progress but some challenges**
Frimley Health	**Pressure Ulcers** Increase in avoidable harm due to hospital acquired pressure sores in the last 12 months	To reduce avoidable harm due to pressure ulcers by a minimum of 10% across all sites	* Participate in NHSI Improvement workstream for pressure ulcers * Thematic review of 17/18 Pressure ulcers * RCA all grade 2 PU by Ward Managers & Clinical Matrons * Roadshows on each site * Stop the Pressure Day * Reinforce use of patient information leaflet to engage patients in their own care * Pressure Ulcer summit to get stakeholder views NHSI?? **All heads of nursing to review pressure ulcer prevention care and practice locally** **Trust awaiting NHSI Pressure Ulcer Prevention programme to commence**	Q3 18/19	Director of Nursing Deputy Director of Nursing (WPH)	**In progress but some challenges**

Site	Risk	Actions	Progress	Target Completion Date	Lead(s)	Status
Frimley Health	**Mixed Sex Accommodation** Risk to patients' privacy & dignity due to high incidence of mixed sex accommodation breaches	To reduce incidence of mixed sex accommodation breach. To fully implement national guidance	*Developed and updated new Mixed Sex Accommodation Policy in line with national guidance (June 18) * Task & Finish Group chaired by Director of Nursing * Prepared briefing for Execs & prioritised issues to be addressed including infrastructure at Heatherwood and new design for Day Unit at FPH * Reporting of mixed sex breaches, clarifying justified & unjustified breaches * Education of staff in reporting requirements MSA Improvement Plan now agreed and funded - timelines agreed for building work required in the DSU's at Frimley and Heatherwood Weekly meetings set up to review HWD elective lists in advance to support delivery of same sex accommodation Visit from Director of Nursing NHS Improvement – South Region, took place on the 30th August. Recommendations given regarding ICU/Recovery and MIDU and added to improvement plan FHFT invited to, and attended, the MSA collaborative event in September and will contribute to the update of the national policy on delivery of Same Sex Accommodation Patient information leaflet regarding delivery of Same Sex Accommodation ratified and will be distributed Patient letter designed for the purpose of informing patients who have been subject to an MSA breach to offer written apology and provide information on how they may raise a concern/complain **Nov update DSU Heatherwood estates work to be completed by end of October** **Estates work delayed on DSU1 FPH site due to relocation of TVN service. Will now commence 5/11/2018** **Quality Improvement Project in place to reduce number of unjustified MSA breaches within recovery areas – meeting held with key stakeholders to review nurse led discharge from recovery and actions to update recovery escalation policy** **Trust participation in NHSI collaborative for delivery of same sex accommodation. Await publication of new NHSE guidance for delivery of same sex accommodation**	Timeline currently being scoped. **Policy approved July 2018**	Director of Nursing Deputy Director of Nursing FPH & WPH	**In progress but some challenges**
Frimley Health	**Complaints**	To improve complaints response rates & evidence the learning & actions from complaints are fully implemented	* Complaints action tracker being introduced * Deputy Director (WPH) and complaints manager have met with chiefs of service and AD's to agree local arrangements in each directorate to address the complaints backlog. Frimley Park is on track. Further work underway at Wexham Park. August 18: 75% at 25 days **November 2018 Update -** **DDoN & Trust Complaints Lead continued to meet medicine Leads at WPH to address backlog - Threshold on 25 day response target met since July 18. With additional resource backlog reduced at WPH from 83 (July) - 62 open complaints, with 30 currently being drafted to close. Focus now on developing the new complaints logging system in place January 2019 which will better inform reporting 40 day response threshold requires focus in Q4 with improvement being made on defining this new target. Q4 focus on defining the process for complaints to inform quality and service improvements within the directorates. Q4 New complaints logging system to develop informed reporting by specialty, themes and learning identified** .	Q3 18/19	Director of Nursing Deputy Director of Nursing WPH	**Significant challenges**

Site	Risk	Actions	Progress	Target Completion Date	Lead(s)	Status
Frimley Health	**Falls**	To reduce avoidable harm due to patient falls across all FHFT sites	* To participate in NHSI Improvement workstream for patient falls * 5 wards across FH participating, to be rolled out across organisation Jan 19 Key areas for improvement include multiprofessional engagement in falls prevention pathway **Nov update currently 9 wards are participating due to the second phase roll out.**	Q4 18/19	Director of Nursing Deputy Director of Nursing WPH	

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Report Title	**Month 07 Finance Report to The Board of Directors**
Date of Meeting	Friday, 7th December 2018
Agenda Number	8.
Report type	To receive assurance on the current and forecast financial position of the Trust
Prepared by	Edward John (Director of Operational Finance) / Mike Laycock (Assoc. Dir of Finance)
Executive Lead	Nigel Foster (Director of Finance)
Executive Summary	The Trusts' operational deficit (before exceptional items and PSF) was £10.4m ytd which is £6.3m worse than ledger plan but only £1.2m worse after non-recurrent items are included. For the month of September the Trust was on plan in line with expected bottom up forecasting undertaken last month. The Trust remains ahead of its control total year to date because of the non-recurrent benefits booked in Q1. Full PSF of £26m is still forecast for the year. The Board should note: • Detailed bottom up forecasting suggests the Trust will be £5.9m behind its control total target. This is £0.5m better that last month due to additional CNST benefit notified in month. Mitigations for this gap include £4m of assumed income and control total flexibilty and an additional £1.9m of expenditure reductions which are required in addition to all directorates remaining within forecast to the end of the year. This has reduced from the £2.4m reported in previous two months primarily as a result of receiving a CNST rebate. Potential further mitagations of £0.9m have been identified (additional funding for the nursing associates programme, control of FP10 prescribing and management of winter pressures in partnership with local CCGs). • The A&E target for year end maybe at risk given current performance is at 92% compared to a required Q4 position of 95%. In addition I would highlight: • The Trusts' operational deficit (before exceptional items and PSF) was £10.4m ytd which is £6.3m worse than ledger plan but only £1.2m worse after non-recurrent items are included. In month the Trust was on plan and in line with expectations. The Trust remains ahead of its control total year to date because of the non-recurrent benefits booked in Q1.

	• Activity is above that of last year which partly explains the adverse position but there is also a significant level of CIP slippage (behind plan by £0.2m in month and £2.9m ytd) which continues to be driven by shortfalls on agency and bank schemes. • The income forecast is 30% lower than if a straight line extrapolation was used and this reflects the need to risk share within ICS. (A straight line forecast would give £15m overperformance, but an expectation of £11.7m has been forecast of which around half is high cost drugs. • Capital spend for the year is set at £76.4m which is expected to be delivered by the year end. • Cash is still healthy at a forecast of £118m.
Background	The Trust has set a budget of £32.8m surplus for 2018/19 against which this report is monitored. This surplus plan includes £26.2m of PSF, £13.8m of DH support, and assumes delivery of £31m of cash releasing CIP. The plan is to generate a surplus of £6.6m before PSF
Issues and Options	Delivery of the Trusts forecast outturn remains a high risk as it has to address the following risks: • Slippage on CIP forecast end needs to be recovered • Cost run rate needs to be reduced by a further £1.9m by the year end through identification of additional CIP (£0.9m has been identified) • Income is not certain, although we are working with both ICS and non-ICS partners for an agreed position. The income position is broadly aligned with local commissioner assumptions, but is the subject of ongoing discussions in the context of the requirement to achieve an overall system control total surplus.
Recommendation	This report is for assurance only
Appendices	Finance and Commercial Board Report *Note – all variance are reported against budgets and not original NHSI Plan.*

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Finance Board Report

Financial Performance

October 2018

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M06 Financial Dashboard

	Month 07				Year to Date (Month 07)				Full Year Outturn			
	Plan £m	Actual £m	Variance £m	RAG	Plan £m	Actual £m	Variance £m	RAG	Plan £m	Actual £m	Variance £m	RAG
Income	55.4	56.8	1.5		375.2	381.1	5.9		639.7	648.9	9.2	
Expenditure	(51.1)	(52.8)	(1.7)		(361.6)	(373.8)	(12.2)		(618.1)	(632.2)	(14.1)	
EBITDA (Income less expenditure)	**4.3**	**4.0**	**(0.2)**		**13.6**	**7.3**	**(6.3)**		**21.6**	**16.7**	**(5.0)**	
Financing costs / Exceptional items	(1.3)	(1.3)	0.0		(8.7)	(3.6)	5.1		(15.1)	(10.0)	5.1	
Provider Sustainability Fund	2.6	2.6	0.0		11.8	11.8	0.0		26.2	26.2	0.0	
Net / Surplus Deficit	5.6	5.3	**(0.2)**		**16.7**	**15.5**	**(1.2)**		**32.7**	**32.8**	**0.1**	
CIPs	2.7	2.4	(0.3)		17.0	13.8	(3.2)		31.0	24.9	(6.1)	
Cash Balance	102.2	105.9	3.7		102.2	105.9	3.7		113.6	118.9	5.3	
Capital Expenditure	6.4	7.0	0.7		48.3	42.9	(5.3)		76.4	78.0	1.6	
Use of resources score (1-4)	1	1			1	1			1	1		

Summary:
The Trust is recovering an underlying deficit with non-recurrent gains in the YTD position. YTD the Trust is £1.2m behind ledger plan but in the second half of the year non-recurrent gains are not available and so the bottom up forecast is for a gap to control total of £5.9m. The forecast is for delivery of plan based on further income overperformance projection and the assumption that CIP and Recovery actions yield the required outturn.

Key points:

- Uncoded clinical activity is still high but activity trends appear stable so enables some confidence to be gained in income accruals. The income forecast is c30% lower than if a straight line extrapolation was used at full PbR tariff for ICS partners
- Pay and non pay costs are similar to prior months but still ahead of planned levels particularly in medical agency costs
- Bottom up expenditure forecast is better by £0.5m due to additional CNST rebate
- **Additional CIP / Financial Recovery Actions of £1.9m are needed if the Trust is to achieve its control total of which plans for £0.9m have been identified.**
- Capital spend for the year is expected to meet plan and cash is still healthy.

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Income & Expenditure - Month 7 and Year to Date – Summary

Frimley Health	Current Month			Year to Date			Full Year Out-turn		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
Income	55.4	56.8	1.5	375.2	381.1	5.8	639.7	648.9	9.1
Expenditure	(51.1)	(52.8)	(1.7)	(361.6)	(373.8)	(12.2)	(618.1)	(632.2)	(14.1)
Trust Financing (Excl. Impairment)	(2.6)	(2.6)	0.0	(17.7)	(17.7)	0.1	(30.4)	(30.4)	(0.0)
Net Revenue Surplus / (Deficit)	**1.7**	**1.5**	**(0.2)**	**(4.1)**	**(10.4)**	**(6.3)**	**(8.7)**	**(13.7)**	**(5.0)**
DOH Deficit Support	1.2	1.2	0.0	8.1	8.1	0.0	13.8	13.8	0.0
Sale of Asset (FCC)	0.0	0.0	0.0	0.0	0.6	0.6	0.0	0.6	0.6
Inventory Recognition (Stock)	0.1	0.1	0.0	0.9	5.4	4.5	1.5	6.0	4.5
Control Total (Surplus)	**3.0**	**2.8**	**(0.2)**	**4.8**	**3.6**	**(1.2)**	**6.6**	**6.7**	**0.1**
PSF Funding	2.6	2.6	0.0	11.8	11.8	0.0	26.2	26.2	0.0
Net Revenue Surplus / (Deficit)	**5.6**	**5.4**	**(0.2)**	**16.6**	**15.4**	**(1.2)**	**32.8**	**32.8**	**0.1**

***£15.9m impairment is not shown within this table**

**** The Full Year Out-turn is the view submitted to NHSI opposed to the bottom up version**

*****All Planned figures are against the Trust's internal plan which has a different phasing and categorisation to NHSI**

Key messages:

The NHSI control total has been met in month, with £0.1m again carried forward into November. This was achieved through a renegotiation of a provider to provider contract.

Expenditure overspends continue to be mostly offset by income in the month Trust has fallen a further £0.2m behind its internal plan.

PSF: A further £2.6m has been earned in month 07 to £11.8m YTD. The income continues to grow each quarter as the financial year progresses

Operating Income: The October position reflects £1.3m in month and £7.2m YTD of activity related income.

Private Patient income met its target again in month and remains £0.7m behind YTD . Other operating income improved by £0.2m in month and is now £0.6m behind YTD.

Operating Expenditure: Expenditure was £1.7m worse than planned due to a combination of CIP underperformance and on-going activity pressures associated with the commissioner income. The overall expenditure recorded was very similar October at £52.8m

Exceptional Items : Deficit Support, Sale of Asset and inventory recognition continue to be shown separately as these are all non recurrent within 2018-19.

Forecast: The forecast shown on this page is the one submitted to NHSI and is compliant with meeting the Control total for the year. All forecasts within the remainder of the pack are based on the month 06 Directorate forecasts which have a higher predicted expenditure position. The mitigations and risks to this forecast are expanded on within the pack

Bottom up Directorate Forecast: Trust total ledger position

Directorate	Sum of Annual Bud £k	Hold Likely Forecast	Sum of Likely Variance £k
5CENIC Central Income	35,147	34,774	(373)
5MEDWP Medicine Wexham	(67,461)	(70,855)	(3,394)
5TCCA Theatres Crit Care & Anaes	(71,437)	(76,078)	(4,641)
5FINST Finance, Im&T And Contracts	(19,130)	(20,499)	(1,369)
5HRCOR Hr & Corporate Services	(41,929)	(45,976)	(4,047)
5SURG Surgery	(46,529)	(49,192)	(2,663)
5MEDFP Medicine Frimley	(79,611)	(81,018)	(1,407)
5PATH Pathology	(28,320)	(30,034)	(1,714)
5OPSWP Operations Wexham	(15,788)	(16,814)	(1,026)
5RADIO Radiology	(24,184)	(25,723)	(1,539)
5OTHPL Orthopaedics & Plastics	(24,916)	(26,041)	(1,125)
5THERA Therapies	(13,697)	(13,837)	(140)
5NURSE Nursing & Quality	(6,214)	(6,421)	(207)
5PAMAG Paeds Mat & Gynae	(54,850)	(54,535)	315
5OPSFP Operations Frimley	(17,138)	(16,113)	1,025
5RESCH Research & Development	(88)	26	114
5TRBRD Trust Board	(1,539)	(1,486)	53
5MEDIR Medical Director	(246)	123	369
5PRIPA Private Patients	3,718	3,196	(522)
5INTEG Director Of Integration	(14)	(0)	14
5RES I&E Reserves	(30,389)	(28,976)	1,413
5FINAN Trust Financing	(28,857)	(23,496)	5,361
5EDPF Emergency Depart FPH	(13,259)	(14,290)	(1,031)
5EDWP Emergency Department WP	(13,355)	(15,442)	(2,087)
5CCGI Ccg Income	566,747	578,486	11,739
Ledger Total	**6,661**	**(219)**	**(6,880)**
PSF	**26,100**	**10,002**	**(16,098)**
Impairement	**(15,900)**	**(15,900)**	**0**

Directorates have been challenged to hold or improve their September financial forecast with the exception of the medical pay award for which budgets have been fully uplifted for in the opposite table. If Directorate's forecast do deteriorate, this will increase the gap.

As it stands, the forecast all position has **improved** by £0.5m as an additional rebate has been guaranteed from NHS Litigation in relation the successful maternity scheme incentive – This is shown within Reserves as this is where the costs sit.

The majority of the likely variances are within Clinical Areas where activity costs, including high cost drugs, have been partially offset by the Commissioner Income.

Finance and IM&T variance is largely the procurement savings which are held in procurement for distribution to directorates when achieved.

Reserves underspends are uncommitted contingency partially offsetting the directorate positions.

Financing gains include the stock and asset sale gains.

The position now shows continues to show a gap of £6.9m against the control total accepted from NHSI, it is also showing a £0.2m deficit before impairment and PSF.

When adding back in the PSF, the Trust is still likely to make an operational surplus of £9.8m before impairments.

Bottom up Directorate Forecast: Forecast Risk

Directorate	Hold Likely forecast	"Do Nothing" StraightLine M7	Risk	Comments
5TCCA Theatres Crit Care & Anaes	(76,078)	(77,128)	(1,050)	Non Pay increased CIP Delivery , ITU Reductions compared to 1st Half of year
5SURG Surgery	(49,192)	(49,826)	(634)	Reduced WLI and CIP Delivery
5OPSWP Operations Wexham	(16,814)	(17,441)	(627)	Phased Pharmacy CIP Delivery
5PRIPA Private Patients	3,196	2,735	(462)	Increased Income CIP assumptions
5OTHPL Orthopaedics & Plastics	(26,041)	(26,467)	(426)	Reduced WLI and CIP Delivery
5PATH Pathology	(30,034)	(30,296)	(262)	Phased CIP Delivery
5FINST Finance, Im&T And Contracts	(20,499)	(20,672)	(173)	Increased CIP Delivery, predominantly IMS
5EDPF Emergency Depart FPH	(14,290)	(14,443)	(153)	Reduced Premium staffing compared to 1st Half of year
5HRCOR Hr & Corporate Services	(45,976)	(46,113)	(138)	Phased CIP Delivery, predominantely Housekeeping & WPH CHP
5RES I&E Reserves	(28,976)	(29,049)	(73)	Impact of the CNST Rebate
5RESCH Research & Development	26	5	(21)	Additional income
5FINAN Trust Financing	(23,496)	(23,496)	0	
5CCGI Ccg Income	578,486	578,486	0	
5INTEG Director Of Integration	(0)	(0)	0	
5CENIC Central Income	34,774	34,774	0	
5PAMAG Paeds Mat & Gynae	(54,535)	(54,513)	22	
5RADIO Radiology	(25,723)	(25,695)	27	
5NURSE Nursing & Quality	(6,421)	(6,390)	31	
5MEDIR Medical Director	123	220	98	
5THERA Therapies	(13,837)	(13,656)	181	Increased Vacancy Cover
5TRBRD Trust Board	(1,486)	(1,254)	231	"Dragons Den" Fund being fully Spent
5OPSFP Operations Frimley	(16,113)	(15,869)	244	Hale Ward Open Jan - March 2019
5MEDFP Medicine Frimley	(81,018)	(80,751)	267	Increased Winter Pressures on staffing
5EDWP Emergency Department WP	(15,442)	(15,094)	348	Increased Winter Pressures on staffing
5MEDWP Medicine Wexham	(70,855)	(69,983)	872	Increased Winter Pressures on staffing
Ledger Total	**(219)**	**(1,917)**	**(1,698)**	
PSF	**10,002**	**10,002**	**0**	
Impairement	**(15,900)**	**(15,900)**	**0**	

After allowing for the medical pay award, the table above shows how the risk has changed following the October financial performance. There is an increased risk within Theatres and Surgery Directorates, however this could be partially mitigated if we were not to fully spend all of the additional forecast winter spends within the Medical Directorates.

Meeting the Control Total

£'000	BUDGET / Control Total	INCOME	EXP	NET
Bottom up forecast year end	**6.7**	**663.3**	**(663.6)**	**(0.2)**
NHSE 2017/18		1.0		**1.0**
Gap to control total	**6.7**			**(5.9)**
Known Upsides				
Known Downsides				
Revised Gap after upsides / downsides		**0.0**	**0.0**	**(5.9)**
Opportunities				
Additional spend reduction req'd			1.9	1.9
CCG control total risk share		3.0		3.0
Cquin to 100%		1.0		1.0

Last month was -£0.7m but have had a benefit additional CNST maternity CIP £0.5m

NHSE 2017/18 prior benefit now accrued in ledger as almost certain to be received

The income benefits above allow the £2.4m gap to be reduced to £1.9m of which £0.9m has been identified and are expected to be reflected in the M08 numbers.

Trust's Underlying Deficit

	INCOME £m	EXPENDITURE £m	TOTAL £m
M07 Forecast Surplus	**688.9**	**(656.1)**	**32.8**
Adjust Back NR			
PSF		(26.2)	(26.2)
Deficit Support	(13.8)		(13.8)
Stock Adjustment		(6.0)	(6.0)
Sale of Asset	(0.6)		(0.6)
Control Total Risk Share	(3.0)		(3.0)
2017/18 contract benefits	(1.0)		(1.0)
2018/19 Ledger Benefits		(2.3)	(2.3)
			0.0
Underlying Deficit	**670.5**	**(690.6)**	**(20.1)**

This is an early view of the various one-off benefits that have been posted in 2018/19 in the GL that will not be available in 2019/20

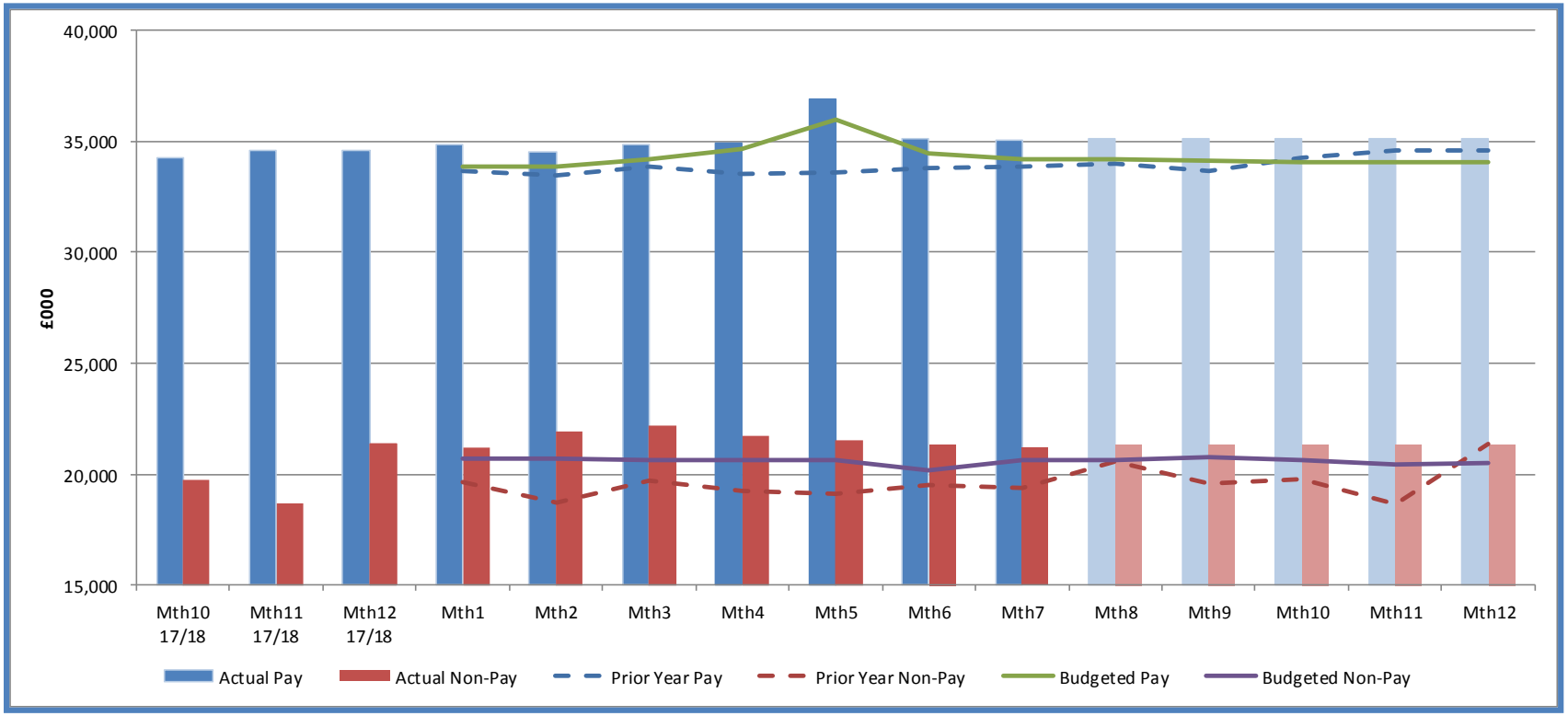
This assumes all income will be baked into roll forward baselines and the CIP gap plus additional bridging items are deliver recurrently.

Risks & Opportunities

Risks and opportunities are summarised below and indicated where they are included in the forecast outturn.

Risks	Opportunities
• Budgets continue to overspend i.e. Recovery plan is not effective and the Trust continues to spend above plan levels at the current rate. This would mean an over spend of £25m on pay and non-pay lines before exceptionals and further recovery actions.	• Income above plan at full PbR: There is an opportunity to enter discussions about fair and appropriate transfer of funding across the ICS dependent on over performance and to bill for out of ICS activity above contracted plan in full. Priced at PbR this could be in the region of £15m in total (inc drugs) depending on trend continuing .
• Current CIP delivery is 80% recovery and forecast at £26m which is factored into the bottom up position. However, mitigations to bridge the gap between bottom up forecast and plan require a further £1.9m of additional CIP.	• Drugs pass through cost have an element of timing which is normally smoothed over months by variations up / down. However, this year high cost drugs have been at unprecedented levels and forecasting to be significantly above plan and prior years.
• Activity in NEL continues unabated with no commensurate remuneration and the marginal rate adjustment for any income that is agreed. Impact will be on cost run rate.	• Cquin is accrued now at 90% which mirrors historical levels. This could be pushed to 100% as a potential upside if agreed with commissioners.
• Uncoded episodes remain high and the Trust is unable to properly account for the level of income and activity during the year within the correct period. Leading to inaccurate forecasting risk.	• Uncoded episodes remain high: Income is incorrectly forecast and actual outturn is better than current expectations
• The forecast position if achieved contains a significant element of non-recurrent income and spend reductions. The underlying deficit position of the Trust moving into 2019/20 would be £20m if no further recurrent CIP gains are realised.	

Expenditure Trend – Excluding Integration



Pay:
Overall, pay costs in October were very similar to that reported in September. There were some changes within categories as there were no bank holiday enhancements paid to A4C staff, this was offset by an increase in Medical costs as the Pay award was paid in October .
Agency costs fell again to £1.6m in month from £1.7m September, this is a £0.3m reduction from the £1.9m accounted in August

Non-Pay:
The £4.5m inventory reduction in M02 is excluded.
Although overall very similar to September, October would have recorded a higher position had a £0.9m adjustment for P2P contracts not been accounted

The value of drugs in October was £5.5m compared to an average £5.3m YTD, the movement is due to medical gas recharges

Income & Expenditure - YTD month high level variances

Theme	Key Issues	Variance M07 YTD £m	FOT 18/19 £M
Income			
CCG/NHSE Income	Overperformance Including Pass Through Drugs & Devices	7.2	11.8
Non CCG Income	Private Patient	(0.7)	(0.4)
Corporate Income	Car Park, Accomodation, EDMS Project, Catering, , Overseas, RTA, Pharmacy Repackaging Unit	(0.7)	(1.4)
Total Income		**5.8**	**10.0**
Pay			
Medical Pay	Agency and Locum Costs above substantive Vacancy	(4.5)	(8.9)
Nursing & Ancillary	Nursing underspends offset through HCA overspends & Ancillary Elsewhere	(1.5)	(2.6)
Prof/Tech & Scientific	Agency Cover above vacancies	(1.0)	(1.8)
Admin & Management	Vacancies not all covered through bank/Agency	1.4	2.1
Total Pay		**(5.6)**	**(11.2)**
Non Pay			
Drugs & Clinical	May - August 2018 higher issues. Ongoing Theatres and Cardiology Items	(4.6)	(7.9)
Premises	Mostly Corporate Areas (Rates, Ulitilities, Maintenance, IM&T)	(0.9)	(1.6)
Other Non Pay	Purchase of External Healthcare, Other Establishment Expenses	(1.0)	(1.7)
Total Non Pay		**(6.5)**	**(11.2)**
Total Before Exceptional Items		**(6.3)**	**(12.4)**
Exceptional Items	**Inventory Recognition, Sale Frimley Childrens Centre**	**5.1**	**5.1**
Grand Total		**(1.2)**	**(7.3)**

Key points:

- The Trust is £6.3m adverse from its internal planned position at the end of October 2018 before exceptional items.
- Commissioner Income is now £7.2m ahead of plan
- CIP and operational pressure are driving the adverse pay
- Higher drug costs and issues , costs associated with activity, CIP non delivery and corporate overheads
- Inventory recognition is non recurrent and assumes £6m by year end

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Income & Expenditure Month 07 – Directorate Positions

I&E by Directorate	Prior Year 2017-18			Current YTD 2018-19			FOT 2018-19			Year on Year	
	Bud £ms	Act £ms	Var £ms	YTD Bud £ms	YTD Act £ms	YTD Var £ms	Bud £ms	FOT £ms	Var £ms	Bud £ms	Exp £ms
Directorate: Clinical											
Medicine: Frimley	76.5	77.6	1.1	46.1	46.6	0.4	79.6	81.0	1.4	3.1	3.4
Medicine: Wexham	63.4	65.0	1.6	39.1	40.8	1.8	67.5	70.9	3.4	4.1	5.9
ED WPH	13.1	14.4	1.3	7.9	8.8	0.9	13.4	15.4	2.1	0.3	1.1
ED FPH	12.7	13.9	1.2	7.7	8.4	0.7	13.3	14.3	1.0	0.5	0.4
Orthopaedics & Plastics	24.8	25.2	0.4	14.5	15.4	0.9	24.9	26.0	1.1	0.1	0.8
Paeds, Maternity & Gynae	53.0	53.3	0.3	31.9	31.8	(0.1)	54.9	54.5	(0.3)	1.8	1.2
Pathology	27.3	29.2	1.9	16.5	17.7	1.2	28.3	30.0	1.7	1.0	0.8
Private Patients	(3.4)	(2.7)	0.7	(2.2)	(1.6)	0.6	(3.7)	(3.2)	0.5	(0.3)	(0.5)
Radiology	23.2	24.5	1.3	14.1	15.0	0.9	24.2	25.7	1.5	1.0	1.2
Surgery	47.6	46.7	(0.9)	27.1	29.1	2.0	46.5	49.2	2.7	(1.1)	2.5
Therapies	12.6	13.0	0.4	8.0	8.0	(0.0)	13.7	13.8	0.1	1.1	0.8
Theatres, Crit Care & Anaes	70.2	73.6	3.4	41.4	45.0	3.6	71.4	76.1	4.6	1.2	2.4
Clinical Total	**421.0**	**433.8**	**12.7**	**252.1**	**265.0**	**12.9**	**433.9**	**453.8**	**19.9**	**12.9**	**20.1**
Directorate: Corporate											
Finance, IM&T, Contracts	18.9	20.5	1.6	12.1	12.1	(0.0)	19.1	20.5	1.4	0.3	(0.0)
HR & Corporate Services	40.5	43.9	3.3	24.8	26.9	2.1	41.9	46.0	4.0	1.4	2.1
Medical Director	(0.1)	(0.3)	(0.2)	0.1	(0.1)	(0.3)	0.2	(0.1)	(0.4)	0.3	0.1
Nursing & Quality	5.9	5.9	(0.0)	3.7	3.7	0.1	6.2	6.4	0.2	0.3	0.5
Operations: Frimley	16.7	16.9	0.2	10.0	9.3	(0.8)	17.1	16.1	(1.0)	0.5	(0.8)
Operations: Wexham	16.6	16.2	(0.4)	9.3	10.2	0.9	15.8	16.8	1.0	(0.8)	0.6
Corporate Total	**98.6**	**103.1**	**4.6**	**59.9**	**62.0**	**2.1**	**100.4**	**105.7**	**5.3**	**1.9**	**2.6**
CCG Income and financing cost	**(525.6)**	**(538.0)**	**(12.3)**	**(316.8)**	**(330.6)**	**(13.7)**	**(541.0)**	**(559.3)**	**(18.4)**	**(15.3)**	**(21.3)**
Subtotal Ex PSF	**(6.0)**	**(1.1)**	**4.9**	**(4.9)**	**(3.6)**	**1.2**	**(6.6)**	**0.2**	**6.8**	**(0.6)**	**1.3**
0											
PSF	**(18.6)**	**(27.2)**	**(8.6)**	**(11.8)**	**(11.8)**	**(0.0)**	**(26.2)**	**(10.0)**	**16.2**	**(7.6)**	**17.2**
Grand Total	**(24.6)**	**(28.2)**	**(3.6)**	**(16.6)**	**(15.4)**	**1.2**	**(32.8)**	**(9.8)**	**23.0**	**(8.2)**	**18.5**

The majority of the budgetary pressure (£12.9m YTD and £19.9m FOT) remains to be felt within the Clinical areas of the Trust and on pay costs, in line with where the operational and CIP pressures lie.

The year on year shows the annual budget movement (net of CIP) . Year on year expenditure is based on the month 06 challenged forecast. More than 50% of the year on year growth is due to the Pay Awards within 18/19

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

The budget shown in this schedule is the Trust's internal plan. Exceptional Items are recorded within CCG Income & financing cost – Impairment not shown

Total Trust Bank Expenditure (Excluding Integration)

There was a notable drop in medical bank at WPH and the Total Cost fell to £3.3m in month

Total	Hospital Bank	M02	M03	M04	M05	M06	M07
	Medical	795,052	928,956	1,004,864	1,142,122	1,069,758	928,535
	Nursing	1,013,051	1,058,938	1,016,379	1,189,769	1,160,189	1,198,913
	Prof Tech & Scientific	148,238	177,330	164,841	177,146	185,730	166,691
	AHP	88,540	80,043	97,972	84,462	79,040	92,555
	Ancillary	674,301	703,774	953,099	1,020,854	844,310	759,974
	Admin	167,258	138,379	191,349	178,455	152,782	173,870
	Total Hospital Bank	**2,886,439**	**3,087,419**	**3,428,502**	**3,792,807**	**3,491,809**	**3,320,537**

Site	Hospital Bank	M02	M03	M04	M05	M06	M07
FPH	Medical	474,027	522,524	536,463	580,087	564,951	566,619
	Nursing	468,680	488,841	482,133	545,096	550,622	593,201
	Prof Tech & Scientific	123,867	146,704	129,899	146,963	151,485	134,410
	AHP	34,139	34,719	31,297	31,736	33,836	38,910
	Ancillary	418,594	428,409	557,659	648,568	543,934	492,085
	Admin	106,589	89,493	139,471	122,641	97,031	105,692
FPH		**1,625,895**	**1,710,691**	**1,876,922**	**2,075,092**	**1,941,859**	**1,930,916**
WPH	Medical	321,025	406,432	468,401	562,035	504,807	361,916
	Nursing	544,371	570,096	534,246	644,672	609,567	605,712
	Prof Tech & Scientific	24,371	30,625	34,942	30,183	34,245	32,281
	AHP	54,401	45,324	66,675	52,726	45,204	53,645
	Ancillary	255,707	275,365	395,440	372,286	300,376	267,889
	Admin	60,669	48,887	51,878	55,814	55,751	68,177
WPH		**1,260,544**	**1,376,729**	**1,551,581**	**1,717,715**	**1,549,950**	**1,389,621**
Total		**2,886,439**	**3,087,419**	**3,428,502**	**3,792,807**	**3,491,809**	**3,320,537**

Nursing Bank costs rose in October, particularly on the FPH site, areas of increase were Surgical Wards and ED FPH.

ED WPH saw a £130k favourable swing compared to September Medical Costs in October due to the latest YTD position reported from the allocate system.

Total Trust Agency Expenditure (Excluding Integration)

Agency Costs fell to £1.6m in month and an average of £1.5m is needed for November through March if the Trust is to achieve its agency ceiling of £20.7m

Total	Hospital Agency	M02	M03	M04	M05	M06	M07
	Medical	785,847	845,094	668,743	867,388	679,300	640,526
	Nursing	798,250	536,486	452,064	502,144	607,629	534,398
	Prof Tech & Scientific	298,393	270,354	276,235	260,336	151,232	163,233
	AHP	182,411	242,915	251,763	226,617	202,111	223,249
	Ancillary	3,342	4,395	1,180	7,131	10,838	16,017
	Admin	40,728	51,372	62,186	30,991	82,612	62,607
	Total	**2,108,972**	**1,950,617**	**1,712,171**	**1,894,606**	**1,733,721**	**1,640,030**

Site	Hospital Agency	M02	M03	M04	M05	M06	M07
FPH	Medical	222,514	160,862	159,686	236,327	129,450	106,187
	Nursing	193,856	104,140	178,077	151,635	277,032	160,541
	Prof Tech & Scientific	104,445	93,021	114,546	97,161	16,095	59,509
	AHP	76,263	128,449	122,252	87,707	85,987	99,620
	Ancillary	3,342	3,218	1,180	3,360	8,667	3,818
	Admin	9,622	22,150	29,309	11,527	57,036	29,067
FPH		**610,042**	**511,840**	**605,051**	**587,717**	**574,268**	**458,741**
WPH	Medical	563,333	684,232	509,057	631,061	549,850	534,339
	Nursing	604,394	432,346	273,987	350,509	330,596	373,858
	Prof Tech & Scientific	193,948	177,333	161,689	163,175	135,137	103,724
	AHP	106,149	114,467	129,511	138,911	116,124	123,629
	Ancillary	0	1,177	0	3,771	2,170	12,199
	Admin	31,106	29,222	32,877	19,463	25,575	33,540
WPH		**1,498,930**	**1,438,777**	**1,107,121**	**1,306,889**	**1,159,453**	**1,181,290**
Total		**2,108,972**	**1,950,617**	**1,712,171**	**1,894,606**	**1,733,721**	**1,640,030**

Nursing returned to a similar position compared to month 05 following the £0.1m retrospective issue in September

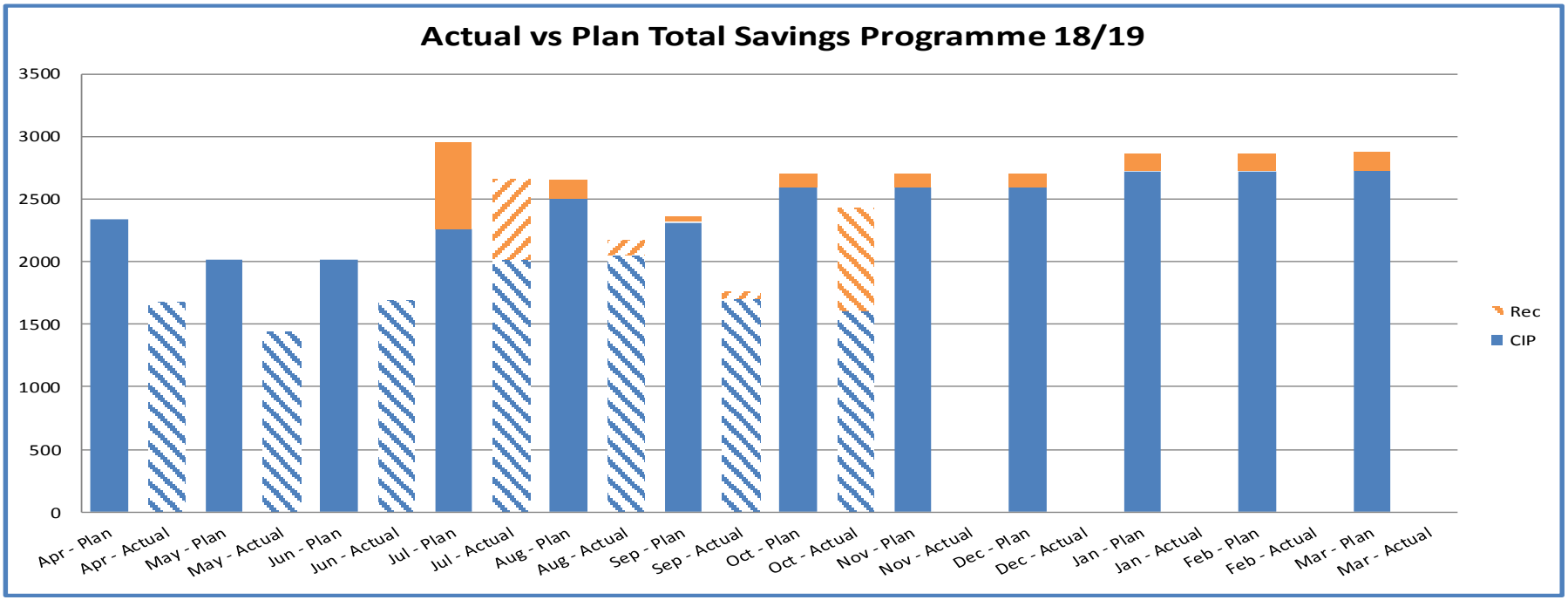
Medical Agency fell for the second month in succession as controls in booking agency locums continue to have a positive financial impact.

Pathology and Theatres also maintained lower expenditure on Prof & Tech staff

Admin levels remained higher than YTD average IM&T as more resource is needed to cover vacancies

Trust Overview - 2018/19 CIP & Recovery Savings Programme

CIP/REC	Annual Plan	Curr Mth Plan	Curr Mth Act	Var	%	YTD Plan	YTD Actual	YTD Var	%	FOT	%
CIP	29,384	2,587	1,600	-987	61.9%	16,034	12,156	-3,878	75.8%	23,313	79.3%
REC	1,617	106	822	716	775.0%	976	1,644	668	168.4%	1,602	99.1%
Total	31,000	2,693	2,422	-271	90.0%	17,010	13,800	-3,210	81.1%	24,914	80.4%



The combined forecast shows a potential delivery of £24.9m by the end of the year against the planned £31m cash realising savings a 80% delivery.
WLI, Theatres, and ED departments remain challenging as to meet financial plans for these areas would put operational targets at risk.

All values in £000

Balance Sheet M7

	September	October	October	October
Non-current assets	**Actual £m**	**Actual £m**	**Plan £m**	**Variance £m**
Intangible Assets	6.026	6.336	5.651	0.685
Property, Plant and Equipment	376.185	379.960	385.897	(5.937)
Total non-current assets	**382.211**	**386.296**	**391.548**	(5.252)
Assets, Current				
Inventories	8.689	8.708	8.744	(0.036)
Trade and other receivables	64.285	80.277	71.326	8.951
Cash and Cash Equivalents	102.455	105.915	102.225	3.690
Total current assets	**175.429**	**194.900**	**182.295**	**12.605**
TOTAL ASSETS	**557.640**	**581.196**	**573.843**	7.353
Current Liabilities				
Trade and other payables	(65.312)	(70.633)	(66.604)	(4.029)
Deferred Income	(18.279)	(22.583)	(19.172)	(3.411)
Borrowings	(0.276)	(0.276)	(0.276)	0.000
Provisions	(0.289)	(0.329)	(0.289)	(0.040)
Total Current Liabilities	(84.156)	(93.821)	(86.341)	(7.480)
Total assets less current liabilities	**473.484**	**487.375**	**487.502**	(0.127)
Liabilities non current				
Provisions	(0.245)	(0.176)	(0.322)	0.077
Borrowings	(3.406)	(5.058)	(4.937)	1.531
Liabilities non current, total	(3.651)	(5.234)	(5.259)	1.608
TOTAL ASSETS EMPLOYED	**469.833**	**482.141**	**482.243**	(0.102)
Taxpayers and Others Equity				
Public Dividend capital	275.247	283.464	283.464	0
Income and Expenditure reserve	84.072	88.162	88.264	(0.102)
Other Reserves				
Revaluation Reserve	110.514	110.515	110.515	(0.001)
TOTAL TAXPAYERS' AND OTHERS' EQUITY	**469.833**	**482.141**	**482.243**	(0.102)

Frimley Health total assets employed at 31st October 2018 are £482m.

Items to note:

• The combined assets across all 3 sites are £581m.

• Non-current assets are £386m, which is £6m behind plan as a result of the slippage in capital programme.

•Cash remains high at £105m compared to a planned cash position of £102m. Trade receivables were high during the month at £80m compared to a planned position of £71m.

• Current liabilities are (£7.4m) higher than planned.

•PDC is in line with plan.

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Report Title	**2018/19 CIP Summary – Month 7**
Meeting	Public Bpard
Meeting Date	Friday, 7th December 2018
Agenda No.	9.
Report Type	Note
Prepared By	Michael Laycock (Associate Director of Finance)
Executive Lead	Helen Coe, Director of Operations, FPH Lisa Glynn, Director of Operations, HWPH
Executive Summary	Performance of CIP schemes are given in the attached paper. • At the close of month 07, the Trust delivered **£13.8** against the plan of **£17m**, which is an adverse variance of **£3.2m** and a delivery of 81**%.** • Pay related CIPs remain the largest underachieving areas reflecting the pressures reported in the Trust's financial position and now show adverse variance of £2.6m, this has deteriorated in month 07 • Recovery actions in relation to a provider to provider contact gain and forecast additional CNST savings have mitigated in month forecast slippage to £24.9m or 80%. • Achieving the planned savings from Waiting List Initiatives, Theatres and ED departments on both sites are proving the most challenging as the organisation continues to experience increased activity and capacity pressures. • Cash releasing CIPS made up £3.7m of the adverse variance with a small £0.5m offset on over delivery of non-cash releasing • The gap remains much smaller at £180k opposed to the £1.8m at the start of the year

Background	**Annual Savings Programme** • The trust has set a challenging CIP target to deliver £31m cash releasing CIPs. • The revised plan, which the trust is being monitored against is made up of: Cash releasing CIPS £26.5m Non-Cash releasing CIPS £2.7m Unidentified CIPS £1.8m Total £31m
Issues / Actions	• A complete review of all Waiting List activity continues to be refreshed to get a final view and to be forecast for 2018-19. • Directorates are being challenged to hold their month 06 financial forecasts so not to increase the financial gap.
Recommendation	The Board is asked to note the content, achnowledge the recovery actions that have mitigated the performance in month.
Appendices	• 2018/19 CIP Summary Report – Month 07

2018/19 CIP Report M07
October 2018

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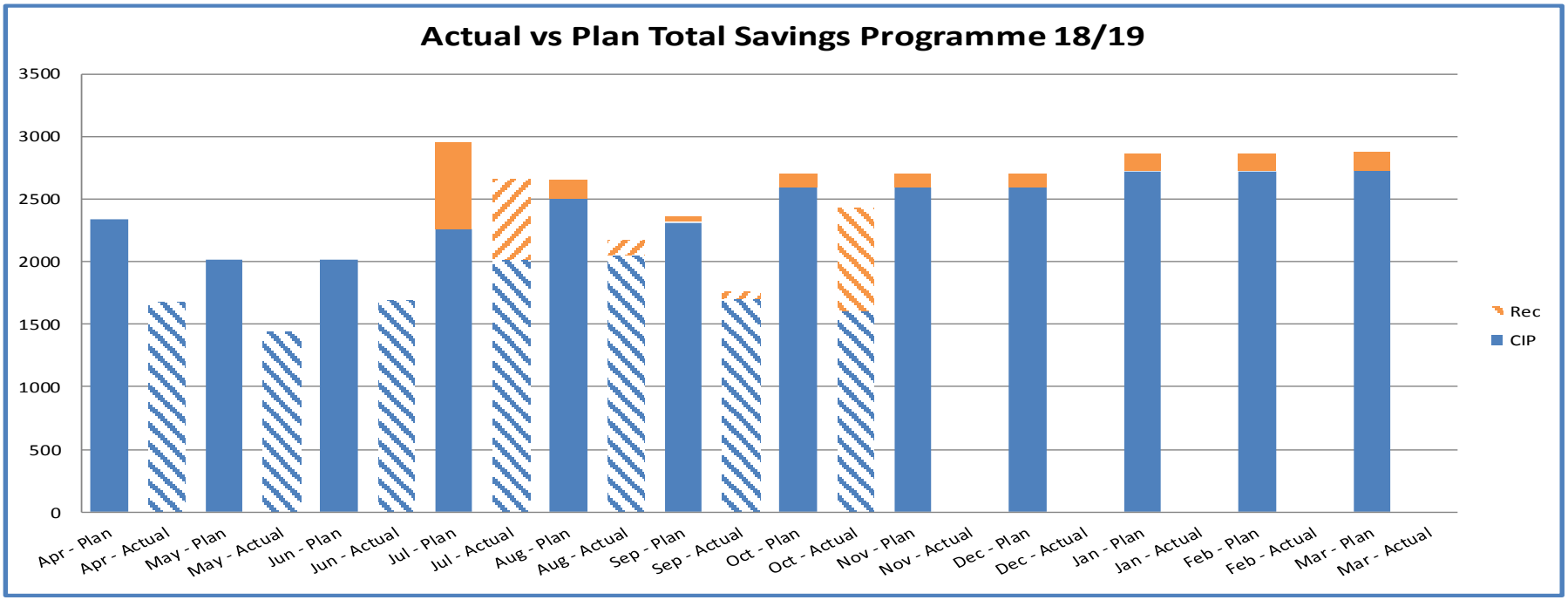
Trust Overview - 2018/19 CIP & Recovery Savings Programme

CIP/REC	Annual Plan	Curr Mth Plan	Curr Mth Act	Var	%	YTD Plan	YTD Actual	YTD Var	%	FOT	%
CIP	29,384	2,587	1,600	-987	61.9%	16,034	12,156	-3,878	75.8%	23,313	79.3%
REC	1,617	106	822	716	775.0%	976	1,644	668	168.4%	1,602	99.1%
Total	31,000	2,693	2,422	-271	90.0%	17,010	13,800	-3,210	81.1%	24,914	80.4%



The combined forecast shows a potential delivery of £24.7m by the end of the year against the planned £31m cash realising savings a 80% delivery.
WLI, Theatres, and ED departments remain challenging as to meet financial plans for these areas would put operational targets at risk.

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All values in £000

CIP Performance by Category:

Cash Releasing	Annual Plan	YTD Plan	YTD Actual	Var	%
Not Specified	327	52	6	(46)	12%
Yes	27,991	15,581	11,867	(3,714)	76%
No	2,682	1,377	1,926	550	140%
Total	**31,000**	**17,010**	**13,800**	**(3,210)**	**81%**

CIP Type	Annual Plan	YTD Plan	YTD Actual	Var	%
Pay	14,062	7,736	5,096	(2,640)	66%
Non-Pay	12,787	6,553	5,961	(592)	91%
Income	4,151	2,720	2,743	23	101%
Total	**31,000**	**17,010**	**13,800**	**(3,210)**	**81%**

CIP Themes	Values Total (£k)	YTD Plan	YTD Actual	YTD Var	FOT	FOT Var
Admin/Back Office Staff	2,896	1,357	1,306	(51)	2,713	(183)
Agency & Locum	2,564	1,470	978	(492)	2,090	(474)
Estates & Facilities Staffing	860	374	134	(241)	529	(331)
Medical Staffing	2,725	1,448	397	(1,050)	1,254	(1,471)
Nursing Staffing	2,271	1,439	1,181	(257)	1,294	(977)
Other Clinical Staffing	1,605	1,039	984	(56)	1,572	(34)
Clinical Supplies & Services	4,514	2,817	2,179	(638)	3,533	(982)
Corporate Non-Pay	771	266	190	(76)	737	(34)
Estates & Facilities Non-Pay	1,505	662	244	(418)	983	(522)
Other Non-Pay	1,303	690	1,247	557	1,780	477
Pathology	887	461	412	(49)	859	(28)
Pharmacy	608	159	84	(75)	398	(210)
Procurement	3,290	1,802	2,025	223	3,200	(90)
WLI	670	391	0	(391)	0	(670)
Theatre Utilisation	750	438	0	(438)		(750)
Other Income	1,895	1,219	1,466	247	2,095	201
Private Income	1,134	662	484	(178)	1,051	(83)
Clinical Income	461	269	219	(50)	428	(33)
Ignore	0	0	271	271	400	400
GAP	180	30	0	(30)		(180)
NHS Income	111	19	0	(19)		(111)
Grand Total	**31,000**	**17,010**	**13,800**	**(3,210)**	**24,914**	**(6,086)**

Key Messages:

- Planned Cash releasing schemes are now £3.7m below the required target of £31m and £3m short YTD.
- The majority of the schemes behind plan remain within Pay, this has also deteriorated within the forecast.
- There has been improvement within the non pay CIP forecast with the provider to provider gain (recovery action) in month 07 and also the additional Maternity CNST Incentive.

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CIP Performance by Directorate:

	Values									
Directorate	Annual Plan	Curr Mth Plan	Curr Mth Act	Curr Mth Var	YTD Plan	YTD Actual	YTD Var	Latest FOT	FOT Var	Comment
Theatres Crit Care & Anaes	2,962.60	251.22	38.39	(213)	1,706.53	417.61	(1,289)	1,011	(1,951)	Theatre Utilisation, Stock Control and Premium Staffing
Estates & Facilities	2,817.26	279.60	176.54	(103)	1,163.25	979.04	(184)	2,133	(684)	Slippage on Hybrid Mail , Housekeeping, Portering
Medicine Wexham	2,637.68	226.43	52.07	(174)	1,690.75	1,320.79	(370)	1,959	(679)	ED and Ward Based Staff Savings
Surgery	2,238.88	191.67	96.41	(95)	1,280.05	724.36	(556)	1,574	(665)	Ward Modelling , WLI Savings
Outpatients WPH	1,026.39	84.40	45.14	(39)	516.90	266.60	(250)	563	(464)	Decommissioning of HWD Library and EDMS
Medicine Frimley	3,824.55	293.38	781.52	488	2,303.76	2,561.44	258	3,422	(402)	Improved Position due to P2P gain, ED Worsens
Orthopaedics & Plastics	1,295.25	115.89	24.83	(91)	715.40	243.78	(472)	899	(396)	Predominantly Medical Staffing savings
Radiology	630.46	54.32	44.02	(10)	358.76	242.17	(117)	346	(284)	Agency AHP Savings
GAP	180.00	30.00	0.00	(30)	30.00	0.00	(30)		(180)	Mitigated through CNST savings reported within Paeds
Outpatients FPH	730.79	60.46	56.29	(4)	428.49	448.38	20	582	(149)	
Therapies	172.64	14.39	0.00	(14)	100.71	14.32	(86)	63	(110)	Patient Appliances
Pathology	1,349.75	104.35	90.62	(14)	730.48	634.41	(96)	1,253	(97)	NSPS Reporting
Procurement	3,290.20	257.43	194.88	(63)	1,802.03	2,024.58	223	3,200	(90)	IMS Savings
Strategy & Performance	290.00	24.17	17.92	(6)	169.19	125.41	(44)	215	(75)	
Pharmacy	607.75	87.00	73.08	(14)	159.00	145.08	(14)	561	(47)	
Finance	2,867.61	209.70	370.58	161	1,819.10	1,876.57	57	2,822	(46)	
Private Patients	1,082.70	90.95	148.98	58	627.95	497.06	(131)	1,067	(16)	
Medical Director	6.44	1.07	0.00	(1)	1.07	0.00	(1)	6	(0)	
HR	687.42	92.90	60.83	(32)	222.90	190.84	(32)	687	(0)	
Nursing & Quality	259.88	28.48	19.00	(9)	117.47	103.83	(14)	260	(0)	
IM&T	342.00	43.50	13.50	(30)	124.50	94.51	(30)	342	-	
Paeds Mat & Gynae	1,699.61	151.57	117.75	(34)	941.74	889.25	(52)	1,949	249	Additional Maternity CNST Savings
Grand Total	**30,999.88**	**2,692.88**	**2,422.34**	**(271)**	**17,010.03**	**13,800.02**	**(3,210)**	**24,914**	**(6,086)**	

The GAP has significantly reduced as additional recovery actions have been included within the CIP programme

Top 10 Worse Performing CIPs YTD

Ref	Scheme Name	Directorate	Curr Mth Plan	Curr Mth Act	Curr Mth Var	YTD Plan	YTD Actual	YTD Var	Annual Plan	Latest FOT	FOT Var
14.11	Stock Control- All Theatre Items	Theatres Crit Care & Anaes	90.18	0.00	-90.18	631.26	88.00	-543.26	1,082.17	288.00	-794.17
14.12	Theatre Utilisation	Theatres Crit Care & Anaes	62.50	0.00	-62.50	437.50	0.00	-437.50	750.00		-750.00
11.10	Theatre Inc Utilisation	Private Patients	62.50	20.00	-42.50	437.50	20.00	-417.50	750.00	400.00	-350.00
13.22	WLI	Surgery	39.17	0.00	-39.17	274.19	0.00	-274.19	470.00	0.00	-470.00
3.16	Ward Model Adherance ED	Medicine Frimley	36.67	0.00	-36.67	256.70	0.00	-256.70	440.06	0.00	-440.06
3.06	Medical ED Savings	Medicine Frimley	33.33	0.00	-33.33	233.33	0.00	-233.33	400.00		-400.00
8.02	Medical Agency Savings	Orthopaedics & Plastics	33.17	0.00	-33.17	232.17	13.91	-218.26	398.00	200.00	-198.00
4.05	Medicine Medics Agency	Medicine Wexham	26.67	0.00	-26.67	186.67	0.00	-186.67	320.00	160.00	-160.00
4.01	Bowelscope BC year 3	Medicine Wexham	35.58	-10.88	-46.46	249.06	95.87	-153.20	426.96	214.00	-212.96
7.01	Decommission HW Med Rec library	Outpatients WPH	25.00	5.73	-19.27	175.00	26.73	-148.27	300.00	30.00	-270.00
Grand Total			444.77	14.86	-429.91	3,113.39	244.50	-2,868.88	5,337.19	1,292.00	-4,045.19

Key Messages:

- The top 10 worst performing schemes are now forecast to be over £4m short, which is just under £0.3m deterioration since last month
- The above schemes represent the top 10 worse performing schemes and total **89%** of the YTD variance of all schemes. (83% last month)
- The FOT of these 10 schemes now make up continue to make up **65%** of the total forecasted under delivery which is unchanged compared to last month.
- The schemes are dominated by Theatres, ED and Medical Agency schemes.

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Report Title	**Corporate Risk Assurance Framework – November 2018**
Meeting	Board of Directors (Public)
Meeting Date	Friday, 7th December 2018
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	Neil Dardis Chief Executive
Executive Summary	The Frimley Health Risk Assurance Framework (RAF) is the primary mechanism for high level risk management within the organisation. This report summarises the discussions regarding 'high level' risks facing Frimley Health NHS Foundation Trust at the November 2018 meeting of the Corporate Governance Group.
Background	Frimley Health NHS Foundation Trust is dedicated to establishing an organisational philosophy that ensures risk management is an integral part of corporate objectives, business plans and management systems. Compliance with legislative requirements is only a minimum standard. The specific function of risk management is to identify and manage risks that threaten the ability of the Trust to meet its objectives.
Issues / Actions	In this version of the RAF there are 2 'extremely high' graded risks, 10 'high' graded risks, 18 'moderate' graded risks, and no risks were regraded.
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 – November 2018

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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. < 3 days off work if staff	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	**Moderate**	Moderate injury requiring professional intervention RIDDOR reportable incident	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
4	**Major**	Major injury leading to long term incapacity requiring significant increased length of stay.	Intermittent failures in a critical service Significant underperformance of a range of key targets	Loss of between £501,000 and £5M	National media coverage and increased level of political/public scrutiny Total loss of public confidence
5	**Extreme**	Incident leading to death Serious incident involving a large number of patients	Permanent closure/loss of a service	Loss of >£5M	Long term or repeated adverse national publicity Removal of Chair/CEO or exec team

High Risk Tracking Matrix

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

High Risk Summary October 2018

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	
Corporate Objective 1: Pursuing the highest level of quality, patient experience and clinical outcomes										
A	Staff Retention	FPH/WPH	4	4	16	4				Nov-14
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	A&E 4-hour target	FH	4	4	16	8				Sep-12
F	Medical Staffing Capacity	FH	5	3	15	8				Nov-12
G	Management of Patients with Mental Health issues & LD	FH	5	3	15	4				Oct-16
H	Sepsis	FH	4	4	16	6				Dec-17
I	Nurse Staffing Capacity	FH	4	4	16	8				Nov-14
Corporate Objective 2: Transforming our infrastructure										
J	Heatherwood Affordability	HWPH	4	4	16	6				Apr-18
Corporate Objective 3: Developing our Staff and our Culture										
Corporate Objective 4: Breaking through traditional healthcare boundaries										
Corporate Objective 5: Keeping Control of Resources & Delivery Key Standards										
K	Failure to achieve Financial Sustainability 18/19	FH	4	5	20	8				Mar-18
L	Delivering the Financial Plan for both FH & the ICS for 18/19	FH	4	5	20	8				Mar-18
Corporate Objective 6: Developing sustainable clinical services										

Risk Name	Current Risk Rating	Actions	Assurance
Failure to Achieve Financial Sustainability 18/19 In 2018/19 the Trust plans to deliver a further £31m of savings, which after national CIP and in year cost pressures, will reduce the underlying deficit to c£9m. There is a significant risk that the Trust will not be able to deliver this level of recurrent cost savings		1. Project Initiation Documents to be produced for all remaining savings schemes. 2. Quality Impact assessments to be completed for all remaining schemes. 3. PMO to ensure that all schemes are tracked and remedial actions developed where necessary. 4. Medium-term transformation projects to be developed, informed by cross site and national benchmarking (Model Hospital and GIRFT) 5. EY supported development of additional CIP schemes 6. ICS financial plan focusing system savings on cost reduction rather than price reduction. Improve system costing and demand/capacity modelling 7. New governance arrangements - CIP Delivery Board once a month focusing on CIP delivery 8. Recovery plan to identify income gains / expenditure redutions developed after M2 9. Weekly reporting to Exec team	• Reported to Board through Financial Assurance Committee.
Delivering the financial plan for both FH and the ICS for 18/19 For 2018/19 the Trust is part of a shared "System Control Total" to deliver a combined I&E surplus of £6.7m (before Provider Transformation Funding) If this is not achieved, there is a risk that £27.4m of system PTF is not received (of which £26.1m relates to FHFT		1. Summary of ICS financial position to be included in Board finance report 2. ICS Programme Delivery Board overseeing plan-ICS workstreams to deliver financial balance and service changes and greater scale and pace than could be delivered by organisations individually. Further system-wide schemes to be developed 3. ICS financial plan focusing system savings on cost reduction rather than price reduction. Improve system costing and demand/capacity modelling 4. Continue to develop trust and relationships across ICS geographies and 'new ways of working' 5. Work with NHSE and NHSI to secure best possible funding / control total arrangements for ICS 6. Ensure potential stranded costs are identified and funded within system-wide business cases 7. Develop equitable "blended" funding arrangements with commissioners	• Reported to Board through Financial Assurance Committee • Reported to ICS Board and Finance Reference Group.
A&E 4-Hour Target Risk to Monitor governance rating due to failure to deliver A&E 4 hour target as per trajectory reaching 95% in March 18, 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.		1. Establishing GP streaming at Wexham. Alternative ESI model at FPH, awaiting sign off 2. Potential for better staffing with Middle Grades (recruitment in Qatar) 3. Joint A&E Delivery Board established with STP delivery plan. North/South delivery plan in draft to support STP plan 4. Triggers document in draft with action cards 5. At WPH ED, focused work with system wide partners has reduced the number of medically stable patients in acute beds 6. A&E Delivery Plan to be developed with trajectories for improvement **Next Key Action** * Implementation of SAFER discharge bundle underway to improve discharge planning and length of stay where possible freeing up beds before midday * Commissioners to implement actions to reduce DToC * Additional weekend ward rounds to optimise discharges * A&E ALAMAC to be developed & signed off by A&E Delivery Board to reflect Delivery Plan * 4	• Reviewed by Hospital Executive Board and Quality Assurance Committee on behalf of the Board. Monthly Performance Report to BOD This is a risk affecting both Frimley Park and Wexham Park Hospitals. For the risk to be reduced from high to moderate the Trust would have to achieve the STF trajectory for 4-hour performance of 95% at March 19 For the risk to be reduce from moderate to low, the Trust would have to deliver 95% for 6 consequtive months

		Tasks Delivery Group signed off by A&E Delivery Board * In national top quartile for Trust level performance	
Heatherwood Affordability The original business case had activity growth of 4% from 2017/18 onwards for three years. Actual outturn for 2017/18 was closer to 1%. This reduction in growth negatively impacts one of the key assumptions of the financial and activity modelling. Full Business Case to reflect activity assumptions in line with ICS		1. Revised demand / capacity / financials completed and incorporated in FBC 2. Revised financials incorporated in 5 year medium term financial plan 3. ICS Partners are engaged and will need to contue to support the pathway changes 4. Validate Guranteed Maximum Price 5. Continue to monitor / control changes in scope and demand / activity assumptions	• Heatherwood Steering Group • CDIC • External light-touch revew by NHSI By the very nature of the work to be carried out and timeframes this risk is likely to remain for some time. For the risk to be reduced from 'high' to 'moderate' the business case would need to be approved by CDIC and the income streams delivered for a period of 6 months
Bed Capacity / Delays in Discharge Risk to patient experience due to potential for lack of sufficient bed capacity to meet demand Potential risk to patients becoming unwell with hospital acquired infections i.e. UTI, pneumonia due to delays in discharge and or transfer of care		1. Submitted bed capacity to NHSI to achieve 88% capacity for winter 2. Schemes being looked at to bridge gap including reducing LOS in ortho, ambulatory care position at 'front door' in an effort to keep conversion rate down 3. 5.9% of bed days lost due to delays in transfer of care as at May 18 (YTD) against target of 3.5% 4. Clinically fit list utilised daily to enable community teams to 'pull' patients from hospital to home 5. ADT & implementation of ECFD & EDD re-launched Dec 17, current uptake average of 85% 6. Ambulatory Care on Wexham site providing 7-day service 7. Bed modelling undertaken **Next Key Action** • To ensure Commissioners deliver a reduction in numbers of DToC from 5% to 3% by Q4 • Establish a Length of Stay Transformation Group Q2 • To ensure all specialities within FH meet upper quartile performance in length of stay (LOS) • Actions from the A&E Delivery Board (Sept 2018) include: - Managing bed gaps by increasing ambulatory care DTA beds - Analysing community bed usage - Provision of service to support patient choice on WPH site as a pilot to inform future model (Sept 2018) * A&E Delivery Board to discuss and monitor against action plan (Sept 2018))	Performance Report to HEB and Board of Directors. Joint Urgent Care Delivery Board (Wholst System) to HEB. Quarterly report to Trust QAC This is a cross-site risk affecting both Frimley Park and Wexham Park Hospitals. For the risk to be reduced from high to low, the Directors of Operations consider the following would need to be achieved: • Bed occupancy of 88% for a period of 6 months
Critical Care Capacity Risk of poor outcome through failure to provide sufficient flow out of ICU and to generate increased level 2 capacity outside of Critical Care, potentially impacing on flow out of A&E		1. Business case to Commissioners regarding additional level 3 critical care capacity 2. New cross-site Critical Care Lead appointed for Critical Care services to lead on development on new Critical Care strategy & vision for future 3. Capacity reviewed on FPH site and recommendation for 4 level 2 beds **Next Key Action** • To evaluate effectiveness of new MADU on the Wexham site Q3 • Business casefor increased level 2/3 capacity & option appraisal to be submitted to Top Team by Q2 • Trustwide HON role appointed August 2018	• Work of Trustwide M&M Committees monitored through Quality Committee and reported to Board verbally by Medical Director

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.		1. There are currently rolling adverts on NHS jobs for both ED and general medicine doctors of Specialty Doctor level and Junior Doctor grade. 2. Overseas recruitment continues for junior /middle grade positions. Some visas (approx. 6) have been refused for specialties not on the shortage list 3. Medicine 15% more doctors in post compared with last year 4. Recruitment trajectory has been set at 3% vacancy rate for WPH as there are more vacancies that need to be recruited to. 5. Hard to recruit posts and recruitment update produced every two months. Recruitment is focused on these hard to recruit posts. 6. Locum agency bookings are now centralised at FPH apart from ED and anaesthetics. Since 1st May 2018 has been a new software system (Allocate) for temporary staff bookings and it is anticipated that a centralised system to cover all of FPH and WPH bookings will follow. **Next Key Actions:** * There are plans to form a shared doctor bank with Ashford and St Peters, Chertsey and the Royal Surrey County Hospital, Guildford and to extend this to cover the North of the FHFT patch – this is being reviewed in light of the new software system. * Implement Allocate across the Trust - monitoring at Safer Staffing group to ensure best value and agreed pay rates are being implemented. * Medical vacancy rate currently at 3.7% on the Frimley site and 5.9% on the Heatherwood & Wexham Park sites	A Medical Workforce Group established to monitor management of risk, reporting into the Hospital Executive Board. Workforce Committee Report to Board of Directors This is nor a high graded risk for the Frimley site but is for Wexham Park Hospitals. For the risk to be reduced to 'moderate', the ambition would be: * To reduce the medical vacancy rate to 3% at FP and 4% at WP by March 19
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.		1. Deteriorating Patient Improvement Plan in place 2. New plan for improving compliance with mandatory training for resuscitation being developed 3. Resus team now part of Patient Safety team 4. 2 x Band 7 posts appointed to, one for each site 5. Deteriorating Patient Summit took place June 18 with stakeholders, findings being written up with immediate, short term and long term actions to be taken 6. * Introduction of NEWS2 Cross site on the 3rd October with information and education programme in place, with F2F session and presentation with link to RCP <u>Next Key Action</u> * Resus team undertaking targeted sessions in Paediatric resus training with aim of moving compliance to amber by mid April, **Paeds Resus Level 4 79.64 as at 31/10/18** * Additional training sessions being provided in clinical areas * Electronic observations system tender documents under development, to be released to framework May 18 with implementation planned end Q3 beginning Q4 * Introduction of ESCALATE across sites for senior band 5 and 6's * Additional sessions provided to clinical areas to support level 2 and level 3 adult and paediatric training * Scoping exercise undertaken to determine the number of training places needed to achieve 85% by end October**, Continued improvement in compliance in Resus training stats, Adult Level 1 88.08%, Adult Level 2 79.77% and Adult Level 3 75.05%**	Work of Trust wide M&M Committees monitored through Quality Committee and reported to Board verbally by Medical Director Quarterly report to Trust Quality Assurance Committee For the risk to be reduced to 'moderate', the ambition would be: • that there were no deteriorating patient related serious incidents for a period of at least 3 months • that the Level 1 Resus training stats are at 85% in the key high risk areas, namely medicine The risk would be considered to be fully mitigated once the electronic observations system was in place end Q3 providing the 'moderate' status continued.

		against a target of 85% as at 26/10/18	
Management of Patients with Mental Health issues & Learning Disabilities Potential risk to safe management of both adults & children with mental health needs or learning disabilities, to review with mental health colleagues the increase in number and complexity of these patients		1. Mental Health post financing through STP - awaiting confirmation 2. Funding for LD nurse approved by CCGs for WPH 3. Current significant issues with CAMHS service on FPH site with long term young patients with behavioural issues but no acute clinical problems and no suitable placements in the community 4. Positive proposal from Berkshire CCG around CAMHS 5. Liaison Service at Wexham to be fully recruited to by February 18 6.All security staff across all 3 sites have had advanced restraint training together with Head of Nursing for Mental Health. Training to be maintained on an ongoing basis - 7. 2 x Band 7's on FPH site for CAMHS one based in ED, one in F1 working well **Next Key Action** * Berkshire Healthcare to recruit Liaison posts for Wexham site Work underway to secure contractual agreement with BHFT to provide advice and guidance on implementing the terms of the MHA 1983 in order to align assurance process across the Trust. Positive response received from BHFT and we are continuing to build the relationship. * To strengthen support for wards when dealing with very challenging patients & relatives, Wrap Around Protocol * SLA with East Berkshire CCG in place * WPH - Core 24 in place * OOH guidance for on-call managers for management of MH crisis admissions developed * Audit of DOLS and the Mental Health Act being undertaken currently by internal auditors (Sept 18)	• Annual Report to Board of Directors Quality Assurance Committee This is a cross-site risk affecting both Frimley Park and Wexham Park Hospitals. For the risk to be reduced to 'moderate', the ambition would be: • No mental health or learning disability related serious incidents for a period of at least 6 months • For the FPH site to achieve Secure 24 status • For a Learning Disability Nurse to be in post on the WPH
Sepsis Risk of poor outcome through failure to recognise a patient with potential sepsis		1. Sepsis clinician lead from WPH leaving the trust, one clinical lead for FHFT appointed to aid alignment. 2. Sepsis leaflet approved for HDU/ICU patient groups 3. Sepsis Campaign relaunched June 18 with new sepsis sticker, training provided by Deteriorating Patient leads 4. Sepsis audit to be included with Safety Thermometer to improve sample size 5. 'Sepsis Stars' launched July 18 in recognition of good practice 6. World Sepsis Day 13/9/18 7. Sepsis implementation plan developed August 2018 Next Key Action: * Sepsis Information Card to be developed for remaining patient groups, draft to July 18 Sepsis Committee * Electronic observations system tender documents under development, to be released to framework May 18 with implementation planned Q4 * Patient Safety Collaborative have developed a suspicion of sepsis dashboard which will support Trust to review outcomes for patients with suspicion of/diagnosed sepsis and support improvement work * Q2 Sepsis CQUIN for ED FH 100% screening for sepsis, 71.4% antibiotics given within 1 hour, Inpatients 78.8% screening for sepsis, 90.4% antibiotics given within 1 hour	• Quality Committee This is a cross-site risk affecting both Frimley Park and Wexham Park Hospitals. For the risk to be reduced to 'moderate', the ambition would be: • No sepsis related serious incidents for a period of at least 3 months • Compliance with antibiotic administration within 1 hour at 90% for at least 3 months for both inpatients and ED across FH • Compliance with sepsis screening at 90% for at least 3 months for both inpatients and ED across FH The risk would be considered to be fully mitigated once the electronic observations system was in place end Q3 providing the 'moderate' status continued.

Nursing Staffing Capacity Risk of insufficient, appropriately trained Nursing staff, with potential to impact on patient care and support, breach of safe staffing levels, impact on diagnosis and treatment, and reliance on temporary staffing.Particular risk at Wexham site		Nursing: Against a national trend of increasing nurse vacancies nationally, following the implementation of a robust recruitment plan, the Trust has significantly decreased nurse vacancies over the last 12 months from 14.7% (390wte) to 9.1% (234 wte). We have a trajectory (reported to the Board in August) to reduce vacancies to 8% by March 19 and we are on track to achieve this. We have over 200 international nurses (from India and Philippines) in the recruitment pipeline with a further trip to the Philippines planned for October. Nursing Wexham Park vacancy hotspots; ED, AMU, Orthopaedics, Maternity, Eden Ward, Ward 5, Ward 18 Nursing Frimley Park nursing vacancy hotspots: G5 Respiratory, Orthopaedics, Theatres, Fleet Calthorpe Unit, F1 Paediatrics Nurse Retention: We have ward level Recruitment and Retention plans in place for high risk wards and these are reviewed monthly with nurse management and corporate nursing teams. In May we re-launched the internal nurse transfer process; a fast track recruitment process which allows staff to transfer between ward without going through a formal recruitment process. Recruiting Staff: As part of our Recruitment and Retention Strategy, over the last two years we have significantly enhanced our recruitment practices across the Trust to reduce vacancies across various staff groups. Following completion of an Employer Branding project we now use social media advertising (Facebook, Linked In, Twitter, and Instagram) across departments & specialities, have significantly improved our careers website (with video content) and developed other efficient advertising techniques such as using a text service and a QR Barcode to allow potential candidates to express interest in roles.	6-monthly staffing report to BOD. Monthly Unify return on staffing to Nursing & Midwifery Board A Workforce Group established to monitor management of risk, reporting into the Hospital Executive Board. Reports to Board of Directors Performance Report This is a cross-site risk affecting both Frimley Park and Wexham Park Hospitals. For the risk to be reduced to 'moderate', the ambition would be: * to maintain a vacancy rate below 9% until March 19
Staff Retention There are retention risks in that there was higher existing turnover at HWP amongst nurses and other groups for various reasons including reputation, management etc.		* A recent turnover and retention deep dive analysis completed in October 18 has identified that turnover at HWP has decreased significantly over the last three years. The stability index at HWP has increased from 81.8% to 84.5%. *In September we launched a new retention programme called 'Helping you to Stay' which incorporates key elements of the 'NHSI retaining your staff guide'. As part of this programme employees are offered the opportunity to have a 'stay conversation' with a senior member of staff to discuss any issues or factors which may be impacting on an individual's decision to leave the Trust. The aim of the conversation will be to identify ways in which the Trust can support the employee to stay (e.g. providing career advice / opportunities, supporting with a flexible working request and identifying training and development resource support act.) *A revised retention action plan was agreed by the Workforce Committee in October. Progress against this plan will be monitored by the committee. * We have accepted the invitation to join cohort 4 of the NHS Improvement Retention Direct Support Programme.	HR monitoring of turnover and exit will continue and be enhanced to ensure we pick up further trends that need to be addressed. Workforce & OD Group Nursing & Midwifery Board Report to Board of Directors & Audit For the risk to be reduced to 'moderate' the ambition would be for the the turnover / vacancy rate to reduce and remain at a steady rate (13% with a threshold of 14%) for a period of 6 months particularly in nursing taking into account expected seasonal peaks

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Report Title	**Update Summary from the Commercial Development and Investment Committee (CDIC)**
Meeting	Public Board
Meeting Date	Friday, 7th December 2018
Agenda No.	11.1
Report Type	Information
Prepared By	Mark Escolme, Chairman and Kevin Jacob, Asst. Company Secretary
Executive Lead	Janet King, Director of Human Resources and Corporate Services
Executive Summary	This report briefs the Board on the main items discussed at the 24th July meeting of the Commercial Development and Investment Committee.
Background	**1. Wexham Park Hospital Tower Block refurbishment outline business case** The Committee considered a report setting out a number of options for the future of the Tower Block at Wexham Park Hospital. The Committee **agreed** to recommend to the Board that it approved the outline business case on the basis of a refurbishment of the Tower and commission work to take the proposal to the full business case stage. **2. Update on standby generator expansion at Wexham Park** The Committee considered a request for additional funding to meet the costs of the provision of standby generators at Wexham Park Hospital in light of additional costs not included in the original budget. The Committee explored and challenged the reasons for the request asking that any lessons from the project be learned, but approved the additional funding request. **3. Draft partnership agreement for the Thames Valley & Surrey Local Health Care Record Exemplar (LHRCE) Programme** The Committee considered a paper setting out a draft partnership agreement for the LHRCE programme. It noted that the Thames Valley and Surrey area was awarded Local Health Care Record Exemplar (LHCRE) status in the summer. Frimley Heath FT was to be the 'host' organisation receiving capital funding over two years to support the developments. The programme can be seen as a development of more local record-sharing projects such as the Frimley ICS 'Connected Care' project.

11.1

	4. Capital Programme 2018/2019 Update The Committee considered an update on the progress of the 2018/2019 capital programme. It noted that as at the end of month 6, total expenditure was under the year to date plan, however although the estates programmes were forecast to finish behind plan due to the external funded and resulting additional expenditure on the digital services strategy it was anticipated that full year expenditure would finish slightly above plan. **5. Redevelopment Programme progress update** The Committee considered a detailed report setting out progress in respect of the Wexham Emergency Department and Assessment Unit and the redevelopment of Heatherwood Hospital. The Committee **noted** the report. **6. CDIC Terms of Reference** The Committee undertook its annual review of its Terms of Reference and **agreed** to recommend to the Board that the ceiling at which Committee approval of capital projects was required be increased and that the Committee's maximum delegated limit also be increased.
Recommendation	This Board is asked to note the issues highlighted in the reports and agree any further action as required.

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Frimley Health NHS Foundation Trust

Report Title	**Update Summary from the Audit Committee**
Meeting	Public Board of Directors Meeting
Meeting Date	Friday, 7th December 2018
Agenda No.	11.2
Report Type	For Information
Prepared By	Dawn Kenson, Chair of Audit Committee Kevin Jacob, Assistant Company Secretary
Executive Lead	Nigel Foster, Director of Finance and IM&T
Executive Summary	This report briefs the Board on the main items discussed at the 29th November 2018 Audit Committee.
Background	**1. Temporary Staffing Audit - Update** A report was presented detailing the actions that had been undertaken given that NHSI had set a cap of £20.7m on locum/agency spend. The Trust had launched a project examining high cost locums and had reduced their numbers from 33 to 9. Last month spend in this area was 34% less than M6 at the same time last year although spend was at £1.6m per month as against the target of £1.5m per month. The next target area was eRostering as this provided a more effective and efficient way to manage the workforce. Other groups had been subject to further controls and nursing needed to be revisited, although agency spend had been fairly static with vacancy rates reducing from 18% to 7.5%. eRostering would be implemented next summer and there was some challenge around implementing this sooner as the belief was this would pay for itself relatively quickly. There was a need to go through a proper procurement process however and ensure sufficient clinical engagement alongside the need to work to a detailed implementation plan to ensure the full benefits of the new system. **2. Consultant Job Planning Audit - Update** An update had not been provided on time so this item was deferred. The Committee requested an email update before the end of the year.

	3. Reports from Internal Audit The Committee considered the internal audit progress report and follow up on recommendations from previous audits. The Trust's Risk Maturity Assessment was presented, this was an advisory review which providing positive assurance on the Trust's risk management processes. The Mental Health Compliance report was issued with limited assurance on the operational effectiveness of controls as there were some inconsistencies in records and evidencing required documentation, all of which were being corrected. There were also positives noted such as the strong relationship between the Trust and Berkshire Health Care and a mental health dashboard, which had not been seen elsewhere. **4. External Audit Plan** The Committee considered the external audit plan for approval and an update on the latest requirements in accounting standards. **5. Risk Assurance Register** Two risks arising from the CQC inspection had been sufficiently mitigated and had been downgraded and a new risk was to be added in relation to patient information. Various actions were being undertaken to mitigate the risks of having different systems in place on different sites. There was discussion on whether the finance risk should demonstrate movement as the Trust was still forecasting it would meet the control total and, assuming no change in this position, the level of risk would reduce as we got nearer to the year end. Sepsis and delayed transfer of care were also discussed, noting that the introduction of electronic observations would remove human error. There had also been some positive development in Bucks which had helped to reduce the delays in transfer of care as the latest figures had shown the numbers were reducing to 4.5% though still set against a 3.5% target. **6. Local Counter Fraud Service Progress Report** Grant Thornton, the Trust's new local counter fraud service provider provided an update report, noting a significant increase in referrals across the NHS with more external fraud activity. Investigations were on-going and would be reported back to the committee in due course. **7. Losses and Write-Offs - Quarter 2 2018/2019** The Committee considered its regular report on losses and write-offs for the Q2 period noting the trend was levelling out to a normal average after some historic overseas write offs. **8. Changes to Standing Financial Orders** The SFOs were still undergoing consideration by the Director of Finance and would be circulated for an e-governance decision before being presented to the Board for adoption in advance of the changes to the committees planned for 2019. **9. Policy Integration Update** A report was presented updating the committee that the policy integration project had achieved its original purpose, in combining policies across the Trust. It was as up to date as it could be and had been given added impetus by the CQC inspection and

	additional resources from the nursing directorate. The temporary Policy Officer post had been converted to a permanent part time Policy Manager post with additional responsibility for curating clinical guidelines across the Trust. It was agreed that an annual update to the Committee was now appropriate. **10. Draft Audit Committee Planner** Minor changes were approved to the planner to accommodate an annual report from QAC, an annual report from the Policy Manager and a change in date for the presentation of the external audit plan. **11. Procurement Regulations Waiver Report** A report was presented in relation to waivers, which represented 12% (£9m) of purchase order spend. Although some of this was acceptable approximately 7.6% was not and occurred in some departments where planning and engagement had proven to be difficult. More would be done in conjunction with changes to be made with the SFIs to address the changes required.
Recommendation	This Board is asked to note the issues highlighted in the report.

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Frimley Health NHS
NHS Foundation Trust

Report Title	**Board Sub-Committees Terms of Reference**
Meeting	Public Board
Meeting Date	Friday, 7th December 2018
Agenda No.	12.
Report Type	For Review
Prepared By	Kevin Jacob, Assistant Company Secretary & Susanne Nelson-Wehrmeyer, Company Secretary
Executive Lead	Janet King, Director of Human Resources and Corporate Services
Executive Summary	The report presents all of the Board sub-committees terms of reference for review and approval in advance of the changes to the board's committee cycle for 2019. The Board also proposes to establish a new People Assurance Committee, the terms of reference for which are also included for approval.
Background	Board Sub-Committees review their terms of reference on an annual basis prior to approval by the full Board. The terms of reference were last considered by the Board at its private meeting in November 2017 and some of these have been modified since then. The terms of reference for each of the sub-committees are available on the Trust's website.
Issues / Actions	In the interests of good governance the terms of reference of all the board's committees are reviewed annually.
Recommendation	That the Board review and approve the attached Board sub-committee terms of reference and approve the establishment of a new People Committee, which will be added to the constitutional arrangements.

Appendices	1. Audit Committee Terms of Reference 2. Finance Assurance Committee 3. Commerical Development and Investment Committee 4. Quality Assurance Committee 5. Nominations Committee 6. Performance and Remuneration Committee 7. People Committee

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Frimley Health NHS
NHS Foundation Trust

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 review ~~overview~~ of the Trust's systems for ensuring compliance with CQC standards as reported in the Trust's Quality Report.

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 by NHS CFA ~~Protect Standards~~ 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~~ Audit, Local Counter Fraud 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 Arm's 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 refer to 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 and Finance Assurance Committee. The Quality Assurance Committee 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. The Financial Assurance Committee provides 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.

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.

4.9 Counter Fraud

The Committee shall:

- consider the appointment of the counter fraud service provider
- obtain assurances that the counter fraud service provider is appropriately resourced and performs its duties in accordance with the NHS CFA Provider Standards
- review the fraud risk assessment in the context of the Trust's overall risk management system,
- consider and approve the annual counter fraud plan
- receive and consider all proactive counter fraud reports, progress reports including those related to investigations
- consider if the counter fraud has an appropriate standing within the organisation
- receive the counter fraud annual self-assessment submission (the SRT) prepared by the Trust
- receive and review the annual counter fraud report
- review annually the effectiveness of the counter fraud service

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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. Quality Assurance Committee report (by exception)
7. Finance Assurance Committee report (by exception)
8. External audit reports
9. Counter-fraud report
10. Trust-wide Risk Assurance Framework
11. Reference costs (as necessary)
12. Losses and write-offs report (Quarterly)
13. Council of Governors – any items to draw to their attention
14. Any other business
15. 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: 13th September 2018~~4th September 2017~~

Approved by: Board

Date: 7th December 2018~~3rd November 2017~~

Review date: December 2019~~November 2018~~

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Appendix A

Frimley Health NHS
NHS Foundation Trust

MINUTES OF THE AUDIT 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

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Frimley Health NHS
NHS Foundation Trust

Audit Committee

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

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.

The Financial Assurance Committee can (via The Chair of The Audit Committee) request assistance from the Trust's auditors on any aspect of the Trust's finances as it deems 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).
  - 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'.

- 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 Operational 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 quarterly 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:	Committee
Date:	25th October 2017
Approved by:	Board
Date:	3rd November 2017
Review:	**November 2018**

Appendix A

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Frimley Health NHS
NHS Foundation Trust

MINUTES OF THE FINANCE ASSURANCE 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

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Frimley Health NHS
NHS Foundation Trust

Finance Assurance Committee

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

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Frimley Health NHS
NHS Foundation Trust

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 £3,000,000~~500,000~~ and £5,000,000. ~~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.

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.

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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 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: 16 November 2018 ~~15 September 2017~~

Approved by: Board

Date: 7th December 2018 ~~3rd November 2017~~

Formatted: Superscript

Review date: November 2019~~8~~

12

ANNEX A

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.

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Frimley Health NHS
NHS Foundation Trust

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, NHSR 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, Medical Director and Chief Executive. 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.

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 quarterly 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), Patient Experience Forums, (PEF) and Patient Safety Committee, (PSC) will be reported to the Committee. The Committee Chair will advise the Board of issues requiring action that have been raised at the CGC, PEF and PSC.

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:	Committee
Date:	8th December 2017
Approved by:	Board of Directors
Date:	5th January 2018
Review date:	**November 2018**

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Frimley Health NHS
NHS Foundation Trust

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:

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 (Tier 1). 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 Tier 2 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:

<u>4.1 Performance Appraisal</u>

- 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 to ensure the format clearly indicates if the objective is being achieved or not.

4.2 Board Objectives

- Regularly review the Board's objectives to ensure their ongoing relevance, level of achievement and alignment with the objectives of the individual executive directors.

4.3 ~~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 three years) 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. (**move to People Committee)**
- Consider any proposed significant changes in the terms of employment of Trust employees, as requested by the Board of Directors. (**move to People Committee**)
- 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.

4.4 ~~4.3~~ Board Development

- To oversee progress with organisational development and cultural change in the Trust. (**move to people Committee**)
- To support the Chairman with Board development.

4.5 ~~4.4~~ Succession Planning

- Monitor the succession planning arrangements for the Board of Directors and senior managers (Tier 1 and 2).

~~4.5~~ Workforce Committee (**move to People Committee**)

- To oversee the work of the Workforce Committee by receiving bi-annual reports from that committee.
- Support the Trusts strategic approach to workforce planning in line with service and STP/ACS developments and local workforce demand and supply issues.
- Review the Trust's workforce plan annually

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, including the Chairman of the Trust.

6.2 Committee Chair

The Board of Directors will appoint one of the members (normally the Senior Independent Director) 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 further 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 this 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 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: PRC

Date: 14 September 2018

Approved by: Board

Date: 7th December 2018

Review date: December 2019

Appendix A

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		

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Frimley Health NHS
NHS Foundation Trust

People Committee
Terms of Reference

1. Constitution

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

The People 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 People 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 People 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 People 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 aims of the People Committee are to:

- provide assurance to the Trust Board on all aspects of workforce and OD supporting the provision of safe, high quality, patient-centred care;
- ensure strategic priorities and Trust ambitions in relation to workforce and OD are delivered in an affordable manner and any corporate risks identified are managed.

4. Objectives

The objectives of the People Committee are to*:*

- oversee progress on the development and delivery of workforce, OD and cultural change strategies that support the Trust's strategic priorities and in the context of the ICS;
- receive reports relating to the creation and delivery of workforce plans aligned to Trust and ICS strategies to provide assurance that the Trust has adequate staff with the necessary skills and competencies to meet the future needs of patients and service users;
- receive reports relating to the Trust's workforce performance indicators and provide assurance that any necessary corrective plans and actions are in place;

- provide assurance that legal and regulatory requirements relating to the workforce are met;
- Consider the control and mitigation of workforce related risks and provide assurance to the Board that such risks are being effectively controlled and managed;
- Advise the Board on remuneration proposals for Trust employees at tier 2 and below for approval;
- consider any proposed significant changes in the terms of employment of Trust employees, as requested by the Board of Directors and or as required by national directives;
- oversee the work of the Operational People Committee by receiving bi-annual reports from that committee.
- Review and provide assurance on those elements of the Board Assurance Framework identified as the responsibility of the Committee seeking where necessary further action/ assurance. The detail of this review should be upwardly reported to the Trust Board.

5. Method of Working

The agenda to be used by the People 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.

6. Membership

6.1 Committee Membership

The members of the People Committee shall comprise three Non-Executive Directors, whose nomination is confirmed by the Board of Directors. Members will include the Chief Executive, Director of HR and Corporate Services or Deputy Director of HR and OD, Director of Nursing and 1 Director of Operations.

6.2 Committee Chair

The Board of Directors will appoint a Non-Executive Director to chair the People Committee. In the absence of the Committee Chair and/or appointed deputy, the remaining members present shall elect a member to chair the meeting.

6.3 Attendees

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

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 People 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 People Committee will hold four meetings a year. 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 People 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 Board for further consideration.

9. Secretariat

An agenda and all supporting papers will be sent (electronically or as a hardcopy) to each People 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 this committee.

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

Reporting lines

A summary of the key outcomes of each People 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.

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

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NHS
Frimley Health
NHS Foundation Trust

Report Title	**Fit and Proper Person Requirement Policy. Minor e-governance amendment**
Meeting	Public Board
Meeting Date	7 December
Agenda No.	13.
Report Type	For noting
Prepared By	Susanne Nelson-Wehrmeyer-Company Secretary
Executive Lead	Janet King-Director of HR and Corporate Services
Executive Summary	The Fit and Proper Person Requirement policy was approved by the board meeting in September. During preparations for the CQC inspection it was noted that a line in the policy providing some discretion in determining the validation of the three year continuous employment requirement for non-exectuive directors was not correct as the requirement is mandatory. An e-governance report was circulated requesting approval to delete the line in question. By 22 November the majority of the board approved the amendment.
Background	The provision for e-governance decisions is outlined in the constitution. This provides at paragraph 4.2.1; E-Governance – (a) Where agreed by any of the office holders described at paragraph 4.2 above decisions may also be made by way of e-governance. (b) In such cases the document or issue in need of review should be sent via e-mail and the Board of Directors should have a specified number of days to register their approval via email to the Secretary. The document should not require extensive discussion, although the Board of Directors may choose to ask specific questions to the document author. The email will need to clearly specify the approval that is

	sought. (c) A document or issue will be considered approved when the majority of the Board of Directors has approved it. As in a Board meeting, the Chairman shall have the casting vote in the event of an evenly split vote. Notice of all decisions taken by e-governance will be reported to the following formal Board or Committee meeting.
Issues / Actions	To note
Recommendation	To note the change to the policy.
Appendices	

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Frimley Health NHS
NHS Foundation Trust

Report Title	**Report on the Gosport Enquiry – November 2018**
Meeting	Board of Directors
Meeting Date	Friday, 7th December 2018
Agenda No.	14.
Report Type	Summary Report
Prepared By	Tracey Coulson, Head of Patient Safety Dennis Lauder, Chief Pharmacist
Executive Lead	Duncan Burton Director of Nursing
Executive Summary	This summary provides the Board of Directors a summary of the key findings of the Gosport Independent Panel published in June and the response from the Department of Health which was published on the 21st November. The Head of Patient Safety and Chief Pharmacist have reviewed the Trust current arrangements in place in response to these findings and outlines further actions to be taken by the Trust as well as further actions by the Department of Health.
Recommendation	The Board of Directors are asked to note the key points of the papers attached.
Appendices	

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The Report of the Gosport Independent Panel

A report was published on 20th June 2018 into the premature deaths of hundreds of elderly patients at Gosport War Memorial Hospital in Hampshire. The Gosport Independent Panel Report was an in-depth review into an 'institutionalised regime' of prescribing dangerous amounts of opiate painkillers in elderly patients, many of whom died, between 1989 and 2000.

The Department of Health have published their response on the 21st November, "Learning from Gosport", the governments response to the report of the Gosport Independent Panel. The key finding and actions have been included in this summary.

The Report into the Gosport War memorial Hospital by an independent panel found the following key findings:

- The lives of 465 patients were shortened because they were given opioid drugs without medical justification.
- A further 200 patients may have had their lives shortened, but their records are missing.
- There was "a disregard for human life and a culture of shortening the lives of a large number of patients".
- Dr Jane Barton, the GP who worked as a clinical assistant at the hospital for 12 years, and was responsible for prescribing on the wards, routinely overprescribed drugs for her patients.
- There was a culture which appeared to tolerate prescription of opiate analgesia in inappropriate situations and of high does over a 10 year period
- Nursing staff reportedly raised concerns about prescribing practice as far back as 1988.
- In December 1991, a staff meeting was held supposedly for nurses to address the issue but the panel found it "had the effect of silencing the nurses' concerns".
- Consultants were apparently aware of Dr Barton's actions but did not intervene.

- Nurses did not exercise their responsibility to challenge Dr Barton but continued to administer the drugs.
- When relatives complained about the safety of patients and the appropriateness of their care, they were reportedly "consistently let down by those in authority".
- Complaints to the Trust did not trigger transparent investigations apparently for fear of incriminating staff still employed at the Trust
- Hampshire constabulary, local politicians, the coronial system, the Crown Prosecution Service, the General Medical Council and the Nursing and Midwifery Council all failed to act in ways that could have better protected patients and relatives.

- The panel did not have the remit to call for prosecutions but directed the health secretary, the attorney general, the chief constable of Hampshire police and the relevant investigatory authorities "to recognise the significance of what is revealed about the circumstances of deaths at the hospital and act accordingly".

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The Head of Patient Safety and Chief Pharmacist have reviewed the Trust's current arrangements in response to the key findings and have identified the following safeguards currently in place.

Prescribing:

- Prescribing guidelines in place including Guidelines for the Prescription and Administration of opioids. Audits are undertaken by specialist pharmacists to monitor compliance and monitoring of trends of controlled drug usage and incident reporting is reviewed to identify any abuse of these agents.
- Expertise of a Trust wide pain team and palliative care team with robust identification of patients at the end of life and those who are actively dying
- Daily review of prescription charts, Monday to Friday by a ward pharmacist of all inpatients (except labour ward) on the acute sites. For community sites Fleet twice a week and Bourne ward daily
- Review of prescription charts by a Pharmacist at weekends occurs on AMU at WPH only. However, any drug chart sent to pharmacy over a weekend or bank holiday is screened
- Repeated non-adherence to prescribing guidelines would be raised to the clinician involved and chief of service by the Chief Pharmacist. With the introduction of E Precribing this will make the tracking easier.
- Drug assessment competency for all nursing staff includes the challenging of prescriptions and non-administration of drugs if concerns raised on the prescription chart. This is supported through ongoing training and education of nursing and medical staff
- New syringe drivers in place for the safe administration of opioids for end of life patients. The syringe drivers used at Gosport Hospital have not been used at Frimley Health since 2010 following the National Patient Safety Notice. NHS Improvement undertook a survey to assess this and found no evidence across England of their continued use.
- End of life Care Group in place to review practice guidelines and changes in practice and implement best practice
- A rolling training programme is in place for nursing and medical staff on the use of opiates and end of life care which includes the advice form the NPSA which was released in 2009 on what is viewed as essential when prescribing or administrating opioids
- The introduction of Electronic Prescribing across Frimley Health which will prevent prescribing off guidance, this is due to be in place by April 2010.

Culture and Reporting

- Robust incident reporting system in place with evidence of improved reporting on drug related incident
    - 21% increase in incident reporting across Frimley Health over the last 3 years
    - 35% increase in reporting of drug related incidents at Wexham Park Hospital over the last 3 years following the recognition of limited reporting in this area previously
- Culture of challenging poor prescriptions. The pharmacy intervention/contribution audits identifies areas where prescriptions have been challenged and subsequently amended
- Robust complaints process for transparent investigation of complaints made by patients and relatives. Complaints which trigger a requirement for senior review either via patient safety, safeguarding on pharmacy input is undertaken. Further review of complaints is undertaken

at the End of Life Forum and safer medication committee. PALS service has an open door policy for patients and relatives and any concerns reported are escalated appropriately.

- Implementation of Duty of Candour Legislation embedded in Frimley Health
- Freedom to Speak Up Guardian implemented for staff to raise concerns, 96 concerns were reported in 2017/18
- Robust Mortality and Morbidity reviews on all patients who have died within Frimley Health and 30 days post discharge as part of the Learning From Deaths Programme . This includes the review of medication prescribed and administered
- Implementation of Schwartz rounds and Grand rounds for the discussion of ethical issues
- Significant culture change with regards to multi professional working between pharmacists and medical and nursing colleagues with professional expertise to actively challenge practice This is part of the antimicrobial tram rounds, palliative care rounds and post take ward rounds in reviewing prescription charts.

Monitoring Arrangements:

- Monthly Medication Safety Committee on the FPH site and bi-monthly on the WPH site to review medication errors, changes in practice, themes and trends and harm events reported to Trust Board. Medication Safety Officer appointed across site
- Joint Opiate Group was developed (Task and Finish group) to review opiate practice and review guidelines which are now in place
- Director of Nursing is the Controlled drug accountable officer for Frimley Health (as required by the 2006 Controlled Drugs Regulation) and the Trust is part of a Local Intelligence Network where concerns about system s and/or individuals can be raised
- Controlled Drugs 6 monthly checks with flexibility to increase to 3 monthly if required
- Cross site CD stock usage reports produced monthly with review of trends easily identified by Chief Pharmacist, Medicine Safety Office and Director of Nursing Quarterly
- Quarterly CD reports to CD Local Intelligence Network (CDLIN) and attendance by senior pharmacists at CDLIN meetings
- Sharing of information and best practice enhanced by CDLIN membership
- Pain team and palliative care rounds are live audits ensuring best practice is being followed. Palliative care nurses available 7 days a week, pain nurses 5 days on WPH site, 2- 3 days at Heatherwood and 6 days at FPH site including some bank holidays

Further actions to be taken at Frimley Health:

- Introduction of the Medical Examiners role from January 2019
- Consider & Implement a Trust wide Safer Medication Group (currently site based) to ensure practice is aligned and lessons learnt from incidents
- Introduction of the New Incident Reporting System from March 2019 which will improve the drug related incident reporting and cross site analysis of data
- Complete deployment of E Prescribing across site during 2019/20
- Considers the introduction of automated medicine storage cabinets across Frimley Health – the new EAC at WPH is being fitted with these
- The Frimley Health & Care Integrated Care System (ICS) Quality & Performance Group will be undertaking a system wide review of the learning from the Gosport incidents in Q4 2018/19 to ensure the implications have been fully considered at a system level

- Implement the Trusts new Freedom to Speak Up strategy which is currently in development
- Recommend the Trust's Internal Audit Plan in 2019/18 tests systems in place include a review of the actions & systems in place against the Gosport findings

Department of Health Key Actions:

- Network of Freedom to Speak Up Guardians will publish an independent, annual report for parliament
- The Department of Health plans to publish a strategy for improving the way that feedback is managed and used in the way feedback is managed and used in the NHS later in the year
- CQC is reviewing how to assess the statutory duty of candour
- Implement the National Guardian Office's case review process in the Heath Sector for handling concerns raised by staff
- Launch of a Victims Strategy which will address some of the issues affected by the Gosport families
- NHS England will be reviewing the Controlled Drug Accountable Officer role
- A new Patient Safety Strategy is being launched to make it easier for staff to report risks and for action to be taken
- A review of the Goverance and leadership of the Controlled Drug Accountable Officer role in NHS England
- A review of the operation of the lead Controlled Drug Accountable Officers in NHS England, including the effectiveness of Local Intelligence Networks
- Development of the Medical Examiners role as part of the Learning from Deaths programme across England
- NHS Chief People Officer has been created and recruitment process underway

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Frimley Health NHS
NHS Foundation Trust

Report Title	**Insurance Update Report – 2018**
Meeting	Board of Directors
Meeting Date	Friday 7th December 2018
Agenda No.	15.
Report Type	Assurance
Prepared By	Jemima Harrison, Legal Services Manager
Executive Lead	Duncan Burton, Director of Nursing and Quality
Executive Summary	The report covers the various areas of insurance, with particular reference to the NHS Resolution (NHSR) schemes for clinical negligence, liabilities to third parties and property and commercial insurance commissioned in addition to the NHSR schemes.
Background	As set out in the report
Issues / Actions	As set out in the report
Recommendation	The Board are asked to note the content of the report.
Appendices	The report includes a table of individual areas of insurance provision and cost (Appendix 1).

Frimley Health NHS
NHS Foundation Trust

Insurance Update Report - 2018

1. Introduction

This report details the current insurance provision for Frimley Health NHS FT.

A 'Summary of Insurance Cover' table, setting out the individual areas of insurance cover is attached at **Appendix 1**.

Foundation Trusts have much greater freedom to purchase insurances (clinical and non-clinical). As with other government pools, the three National Health Service Resolution (NHSR) schemes operate on a 'pay as you go' basis. Contributions in any one year are used to fund the claims settled in that same year, NHSR does not retain funds for future losses in the same way that an insurer has to. This is why, particularly in the early years, NHSR contributions were much lower than commercial insurance premiums.

As the pools operate on this 'pay as you go' basis for a claim to be paid, a member must have maintained continuous membership from the date of the incident giving rise to a claim to the date of settlement. For litigation claims and large property losses this can be a period of many months or years. Therefore should a Trust decide to leave any of the pools NHSR is under no obligation to settle any outstanding claims from the date the Trust ceases to be a member.

NHSR scheme provision has been reviewed (via Marsh Risk Consulting, commissioned by the DOH, 2011/12 and the more recent Triennial Review of the NHSR, commissioned by the DOH, 2015), benefits are generally considered to be;

- Pricing – there is no profit and insurance premium tax does not apply
- Cover is broad and provided to all specialities
- There is a strategic approach to NHS-wide issues (ie. patient safety)
- Learning lessons from claims – comprehensive national data available
- Balance of public funding and access to justice maintained
- Financial security due to being underwritten by the Government (this allows for periodic payment settlements to be made)

This is why Frimley Health, as with all NHS Trusts, has so far opted to retain membership of NHSR risk pools with additional 'top up' commercial insurance cover as appropriate.

The Trust commissions Willis Ltd Insurance Brokers for commercial insurance arrangements. Willis is a supplier to the Crown Commercial Service Insurance Framework (ref. RM3731) that all public sector bodies are encouraged to utilise. Willis provide insurance advice and broker services for approximately 60% of Foundation Trusts. The Brokerage fee for this year is £9,856.

2. Current Status on Key Scheme/Insurance Cover

2.1 NHSR Schemes
- The following table gives an overview of NHSR Scheme Contributions;

NHSR Scheme	2018/19 Contribution/Cost (£)
Clinical Negligence Scheme for Trusts (CNST)	(Maternity 9,537,972 / Rest of Trust 13,416,410)
NEW - Maternity Incentive Contribution	*953,797*
CNST Total	23,908,179
Liabilities to Third Parties (LTPS)	339,651
Property Expenses (PES)	89,905
TOTAL	**24,337,735**

NHSR Scheme	2017/18 Contribution/Cost (£)
Clinical Negligence Scheme for Trusts (CNST)	*(Maternity 10,196,820 / Rest of Trust 13,635,213)*
CNST Total	23,832,033
Liabilities to Third Parties (LTPS)	310,694
Property Expenses (PES)	31,192
TOTAL	**24,173,919**

The acquisition of Heatherwood and Wexham Park Hospitals NHS FT on 1 October 2014 amalgamated the liabilities for NHSR schemes. Contributions to the NHSR schemes are assessed actuarially each year with the total amount collected from members equating to the anticipated expenditure in the following financial year together with claims experience in the preceding 5 years.

NHSR confirm that global CNST contributions have risen by 1.8% (£1,984m in 2018/19 compared to £1,949m in 2017/18).

The Property Expenses Scheme (PES) cover costs have increased due to a number of high value claims and NHSR advise that the global collect is £11.5m for 2018/19 compared to £4.1m for 2017/18.

2.2 NEW - Maternity Safety Incentive Scheme - 2018

NHSR developed and implemented a new Clinical Negligence Scheme for Trusts (CNST) Maternity Safety Incentive Scheme. This initiative meant an additional payment of **£953,797** into the scheme (10% of the maternity element of the contribution). Successful compliance would provide for reimbursement of the additional contribution together with a share of the unallocated funds.

The Trust Board submitted compliance with 10 safety actions in June 2018. The 10 areas were;

1) Use of the National Perinatal Mortality Review Tool (NPMRT) to review perinatal deaths
2) Submission of data to the Maternity Services Data Set (MSDS) to the required standard
3) Provision of transitional care facilities that are in place and operational to support the implementation of the ATAIN Programme
4) Provision of an effective system of medical workforce planning
5) Provision of an effective system of midwifery workforce planning
6) Compliance with all 4 elements of the Saving Babies' Lives (SBL) care bundle
7) A patient feedback mechanism for maternity services, such as the Maternity Voices Partnership Forum, and that we regularly act on feedback
8) 90% of maternity unit staff have attended an 'in-house' multi-professional maternity emergencies training session within the last training year
9) Trust safety champions (obstetrician and midwife) are meeting bi-monthly with Board level champions to escalate locally identified issues
10) Reported 100% of qualifying 2017/18 incidents within 28 days under NHS Resolution's Early Notification scheme

The Trust was successful in meeting all ten of the maternity safety actions and we received reimbursement of **£953,797** in September 2018. The additional share of the unallocated funds for Frimley Health has been recently confirmed as **£494,218** and this has also now been paid to the Trust.

Investment of **£433,000** has already been progressed to enable Band 7 Labour Ward Co-ordinators to become supernumerary with full time cover by the Co-ordinators on the Labour Ward. Training on PROMPT (Practical Obstetric Multi Professional Training) is also being progressed to reduce preventable harm for mothers and babies and reduce litigation costs.

NHSR have advised that they plan to run the incentive scheme again in 2019.

3. Additional Insurance (Commercial) Cover – please see **Appendix 1** for details

The Trust has continued with the provision of commercial insurance for areas not included in the NHSR schemes. The main area for additional cover is property as the Trust has a maximum cover of £1m per claim for property (buildings and contents) via NHSR. The business interruption schedule of NHSR PES also does not provide cover for loss of income.

	Buildings – Declared Value 2018/19 (£)	**Contents, Plant and Machinery – Declared Value 2018/19 (£)**
Frimley Park	141,741,652	20,222,676
Wexham Park	91,216,618	14,790,942
Heatherwood	9,960,448	1,705,294
Parapet	0	417,574
Bracknell	0	2,051
Mobile Breast Screening	-	16,968
Total	**242,918,718**	**37,155,505**
Additional Increased Cost of Working (£)		**12,000,000**

The Trust has continued to make savings this year for property damage and business interruption cover with a long term (3 year) agreement with AIG insurers. AIG are planning to visit the Frimley Park site at the Trust in January 2019 to undertake a formal assessment (the last assessment was in 2010).

Updated property information is provided via Willis to ensure appropriate levels of property insurance; this includes key current projects, ie. Block 40 at Heatherwood and the new EAC build at Wexham.

Total costs for commercial cover for the period 1 September 2018 to 31 August 2019 (including the Broker fee of £9,856) are **£86,309.**

There have been no claims made during the last year relating to commercial insurance cover.

4. Summary

The Trust will continue with membership of the Clinical Negligence, Liability to Third Parties and Property Expense schemes offered by NHSR. The Trust will also continue with commercial insurance arrangements, commissioned via Willis Insurance Brokers, for insurance cover detailed in the attached table (Appendix 1).

APPENDIX 1	SUMMARY OF INSURANCE COVER – Frimley Health NHS Foundation Trust – 1 September 2018 to 31 August 2019						
Description	**Cover**	**Limits/ Sums Insured**	**Excess (£)**	**NHSR from 1 April 2017. Commercial Insurance cover runs from 1 Sept 2018.**	**Provider**	**Considerations for Foundation Trust**	**Cost (£) and Notes**
CLINICAL							
Clinical Negligence	Breach of duty of care causing harm to patients. Also will cover approved research trials other than those by external sponsors.	Unlimited	Nil		NHSR	NHSR cover considered appropriate option.	23,908,179
NON CLINICAL							
Employers Liability	Breach of duty of care causing harm to employees	Unlimited	10,000 each and every claim		NHSR (LTPS)	As above	339,651
Public Liability	Breach of duty of care causing harm to a third party	Unlimited	3,000 each and every claim	Included in Employers Liability contribution	NHSR (LTPS)		
Products Liability	As above	Unlimited	3,000 each and every claim	As above	NHSR (LTPS)		
Professional Indemnity	As above	Unlimited	3,000 each and every claim	As above	NHSR (LTPS)		
Directors and Officers Liability (excludes commercial activity)	Indemnity against civil liability claims arising from acts/omissions	Unlimited	Nil	As above	NHSR (LTPS)		
Directors and Officers Liability (commercial activity)	As above	£5m	Nil		Via Wills Insurance Brokers	Additional cover	9,408
Charitable Trustees	As above	£1m	Nil to 5,000		Via Wills Insurance Brokers	Additional cover	1,344

Property (buildings and contents)	Accidental loss, destruction or damage to property owned by or the responsibility of the Trust	£1m	20,000 Each and every claim for buildings and 20,000 each and every claim for contents		NHSR (PES)		89,905
Property (buildings and contents), including land and build under construction, plant and machinery	As above and to also include cover for terrorism damage (cyber/IT damage attacks not included)		£960,000 (NHSR) (£1m cover less 40,000 total NHSR excess)		Via Wills Insurance Brokers	'Top up' cover – see above	53,171
Business continuity/ interruption For commercial activity.	Accidental loss, destruction or damage to property owned by or the responsibility of the Trust	£1m	Costs incurred during the first 48 hours following any loss	Included in PES contribution	NHSR (PES)	Effective after 1st 24 hours	
Business continuity/ interruption for loss of NHS income.	As above and to also include cover for terrorism damage (cyber/IT damage attacks not included)	£12m	Insurance policy applies once the NHSR cover has been exhausted	Included in 'top up' property insurance cover	Via Wills Insurance Brokers	Additional cover	Within property 'top up' cost
Income Generation	Provides third party liability cover (private patients, etc.)	£5m	Nil		Via Wills Insurance Brokers	Additional cover	5,352
Personal Accident Cover – Mobile Medical Teams/OT Technicians	Additional personal accident cover for employees attending patient transfers/homes	£400,000 in addition to NHSR cover of £20,000	Nil		Via Wills Insurance Brokers		3,304
Charitable Events	Breach of duty of care causing harm to a third party during fundraising events, ie. Fun Run	£5m	Nil		Via Wills Insurance Brokers		1,120

Artworks	Loss or damage to artworks (FPH site only, HWP do not have artworks)	£250,000	£750		Via Wills Insurance Brokers		795
Mobile Breast Scanning Unit 11.11.18 to 10.11.19							*1,960*
Motor Fleet (Managed via Personnel)	*Comprehensive*						*126,318*

Legal Services – Insurance - 2018/19

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NHS
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ACRONYMS & INITIALISMS* BUSTER

A

A&E - Accident and Emergency
ACS - Accountable Care System
ACO - Accountable Care Organisation
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

BAF - Board Assurance Framework
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
CoSec - Company Secretary
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 or Delivery

EDMS - Electronic Document Management System
EEA - European Economic Area
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
ERS - e-Referral System (electronic)
ESD - Early Supported Discharge
ESR - Electronic Staff Record
ETP - Electronic Transmission of Prescriptions

F

FAC - Finance Assurance Committee
FBC - Full Business Case
FFT - Friends and Family Test
FH - Frimley Health
FHFT - Frimley Health NHS Foundation Trust
FOI - Freedom of Information
FPH - Frimley Park Hospital
FRR - Financial Risk Rating
FT - Foundation Trust
FTE - Full Time Equivalent
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
HH - Heatherwood Hospital
HICC - Hospital Infection Control Committee
HoN - Head of Nursing
HR - Human Resources
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
ICS - Integrated Care System
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
MADU - Medical Acute Dependency Unit
MAU - Medical Assessment Unit
MDT - Multi-Disciplinary Team
MHPS - Maintaining High Professional Standards
MIDU - Medical Investigations Day Unit
MIG - Medical Interoperability Gateway
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
NEHF/NEH&F - North East Hants and Farnham
NHS - National Health Service
NHS FT - NHS Foundation Trust
NHSE - NHS England
NHSI - NHS Improvements (formerly Monitor)
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
OSCE - Observed Structured Clinical Exam
OT - Occupational Therapist/Therapy

P

PACS - Picture Archiving and Communications System
PACU - Post-Anaesthetic Care Unit
PALS - Patient Advice and Liaison Service
PAS - Patient Administration System
PAU - Paediatric Assessment Unit
PbR - Payment by Results
PCI - Percutaneous Coronary Intervention
PD - Practice Development
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
PSF - Provider Sustainability Fund

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
RN - Registered Nurse
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
SCT - System Control Total
SDIP - Service Development and Improvement Plan
SECAMB - South East Coast Ambulance Service
SH - Surrey Heath
SHMI - Summary Hospital-level Mortality Indicator
SHO - Senior House Officer
SI - Serious Incident
SIRI - Serious Incident Requiring Investigation
SIRO - Senior Information 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
STF - Sustainability and Transformation Funding
STP - Sustainability and Transformation Plan/Partnership
SUI - Serious Untoward Incident

T

TACC - Theatres and Critical Care directorate
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

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

Y

YTD - Year to Date

** An acronym is an abbreviation formed from the initial letters of other words and pronounced as a word (e.g. PIN, NICU). An initialism is an abbreviation consisting of initial letters pronounced separately (e.g. BBC, NHS).*