

## MEETING OF THE COUNCIL OF GOVERNORS

Wednesday 20<sup>th</sup> September 2023, 17:00-18:45

Lecture Theatre, John Lister Postgraduate Centre, Wexham Park Hospital

### AGENDA

Time	Agenda Item		Paper/Oral/ Presentation	Lead
17:00	1.	<b>Welcome and Apologies for Absence</b>	Oral	Chair
	2.	<b>Declarations of Interest</b>	Oral	Chair
	3.	<b>Minutes of the previous meeting</b>	Attached	Chair
	4.	<b>Action Log from previous meeting</b>	Attached	Chair
17:05	5.	<b>External Audit Report</b>	Attached	Audit Chair/KPMG
17:15	6.	<b>Performance Report</b>	Attached	Chief Executive
17:30	7.	<b>Quality Assurance Committee Report</b>	Attached	QAC Chair
18:00	8.	<b>NED Recruitment</b>	Attached	Chair
18:10	9.	<b>Governor Elections Report</b>	Attached	Company Secretary
18:15	10.	<b>PEIG Terms of Reference – for approval</b>	Attached	PEIG Chair
18:20	11.	<b>Public Questions</b>	Oral	Chair
18:30	12.	<b>Close</b>		
	-	<b>Date of the Next Meeting</b> 8 <sup>th</sup> November 2023, 18:00-19:30 Lecture Theatre, John Lister Postgraduate Centre, WPH	-	-

**Frimley Health NHS Foundation Trust**  
**Council of Governors**  
**Register of Interests – August 2023**

Governor Name	Constituency	Interests Declared	Detail
<b>Sarah Peacey</b>	Public Governor: Bracknell Forest and Wokingham	Yes	<ul style="list-style-type: none"> <li>Trustee at Binfield Welfare Charity</li> <li>Midlands Analysts and Insight member</li> </ul>
<b>John Lindsay</b>	Public Governor: Bracknell Forest and Wokingham	None	N/A
<b>Paul Henry</b>	Public Governor: Chiltern, South Buckinghamshire & Wycombe	Yes	<ul style="list-style-type: none"> <li>Director, Nightingales Management Company Ltd</li> <li>Trustee, Better Connected Beaconsfield (Health and Social Care Lead)</li> <li>Member, Liberal Democrats (Political Party)</li> <li>Chairman, Furniture by Martin Ltd</li> <li>Elected member, Beaconsfield Town Council</li> <li>Director, The Beaconsfield Health Consultancy.</li> </ul>
<b>Sylvia Thompson</b>	Public Governor: Guildford, Waverley and Woking	None	N/A
<b>Charles Fowles</b>	Public Governor: Hart and East Hampshire	Yes	<ul style="list-style-type: none"> <li>Director at Dr Charles Fowles Consultancy</li> <li>Consultancy in Lifesciences, Pharma, Biotech, Digital Health</li> </ul>
<b>Jill Wakefield</b>	Public Governor: Rest of England	None	N/A
<b>Kevin Watts</b>	Public Governor: Rushmoor	None	N/A
<b>Malcolm Treen</b>	Public Governor – Hart and East Hampshire	None	N/A
<b>Julia Flower</b>	Public Governor: Rushmoor	Yes	<ul style="list-style-type: none"> <li>Director of Smart Programmes Ltd. The company provides Contracted services on programme management to UK government organisations.</li> </ul>
<b>Robert Miles</b>	Public Governor: Slough	None	N/A
<b>Theodora Monye</b>	Public Governor: Slough	None	N/A
<b>Ann Smith</b>	Public Governor: Surrey Heath and Runnymede	Yes	<ul style="list-style-type: none"> <li>Director of Marstan Place Management company</li> <li>Scientific Director of Smart Cells International</li> </ul>

			<ul style="list-style-type: none"> <li>Trustee at New Ashgate Gallery Charity</li> </ul>
<b>Kellie Meyer-Bothling</b>	Public Governor: Surrey Heath and Runnymede	Yes	<ul style="list-style-type: none"> <li>Husband is ophthalmic consultant at Ashford St Peter Foundation Trust</li> </ul>
<b>Robin Wood</b>	Public Governor: Windsor and Maidenhead	Yes	<ul style="list-style-type: none"> <li>Councillor Sunninghill and Ascot Parish Council</li> </ul>
<b>Caroline Vincent</b>	Stakeholder Governor: Ministry of Defence	None	N/A
<b>Rod Cooper</b>	Stakeholder Governor: Hampshire County Council	Yes	<ul style="list-style-type: none"> <li>Elected member of Hampshire Council</li> </ul>
<b>Cllr David O'Mahoney</b>	Stakeholder Governor: Surrey Heath	Yes	<ul style="list-style-type: none"> <li>Member of the Liberal Democrats</li> <li>Member of Surrey Heath Liberal Democrats</li> </ul>
<b>Cllr Catherine del Campo</b>	Stakeholder Governor: Royal Borough of Windsor and	Yes	<ul style="list-style-type: none"> <li>Trustee and member of Maidenhead Choral Society</li> <li>Chair of Windsor and Maidenhead Lib Dems</li> <li>Family membership of the National Trust</li> <li>Member of Wild Maidenhead</li> <li>Member of the Association of Liberal Democrat Campaigners and Councillors</li> <li>Member of the Liberal Democrats</li> <li>Membership of the Institute of Leadership and Management</li> <li>Elected member, RBWM</li> <li>Cabinet member for Adults, Health and Housing Services, RBWM</li> </ul>
<b>Rahul Chauhan</b>	Staff Governor: Wexham Park Hospital	None	N/A
<b>Michael Ellis</b>	Staff Governor: Heatherwood and Community Services	None	N/A
<b>Udesh Naidoo</b>	Staff Governor: Frimley Park Hospital	Yes	<ul style="list-style-type: none"> <li>Trustee at Adventure Ashram</li> </ul>

Report Title	Minutes of the previous meeting
Meeting and Date	Council of Governors, Wednesday 20th September 2023
Agenda Item	3.
Author and Executive Lead	Hannah Farmhouse, Assistant Company Secretary Bryan Ingleby, Trust Chair
Executive Summary	The attached minutes records the items discussed at the Council of Governors meeting held on 26 <sup>th</sup> April 2023.
Action	The Council of Governors is asked to <b>APPROVE</b> the minutes as a correct of the meeting.
Compliance	NHS Provider Licence; Standing Order 14.1

**MEETING OF THE COUNCIL OF GOVERNORS**
**Wednesday 26<sup>th</sup> April 2023, 17:30-19:00**
**Microsoft Teams,**
**MINUTES**
**Present:**

Bryan Ingleby	Trust Chair
Sarah Peacey	Public: Bracknell & Wokingham (Lead Governor)
John Lindsay	Public: Bracknell Forest and Wokingham
Jill Wakefield	Public: Rest of England
Sylvia Thompson	Public: Guildford, Waverley and Woking
Kellie Meyer Bothling	Public: Surrey Heath and Runnymede
Theodora Monye	Public: Slough
Rob Miles	Public: Slough
Malcom Treen	Public: Hart and East Hampshire
Michael Ellis	Staff: Heatherwood & Community Hospitals
Robin Wood	Public: Windsor and Maidenhead
Ann Smith	Public: Surrey Heath and Runnymede
Charles Fowles	Public: Hart and East Hampshire
Julia Flower	Public: Rushmoor
Kevin Wood	Public: Windsor and Maidenhead
Rahul Chauhan	Staff: Wexham Park Hospital

**Attendees Present:**

Neil Dardis	Chief Executive
Nigel Foster	Director of Finance
Matt Joint	Director of People
Gary McRae	Non-Executive Director
Mike O'Donovan	Non-Executive Director
Mike Baxter	Non-Executive Director
Carol Deans	Director of Communications and Engagement
Sarah Waldron	Membership and Engagement Manager
Hannah Farmhouse	Assistant Company Secretary (minutes)
Victoria Cooper	Assistant Company Secretary
Tyrieana Long	Company Secretary
Dorota Underwood	Committee Officer

**1. Welcome and Apologies for Absence**

- a. The Chair opened the meeting and welcomed all those present.
- b. Apologies for absence were from Paul Henry, Udesb Naidoo, Caroline Vincent, Tim Ho, Lorna Wilkinson, Caroline Hutton, Linda Burke, Dawn Kenson and John Weaver.

**2. Declarations of Interest**

- a. There were no declarations of interest.

### 3. Minutes of the previous meeting

- a. The minutes of the Council of Governors meeting held on 22<sup>nd</sup> March 2023 were **APPROVED** as a true record.

### 4. Action log from previous meeting

#### ***16th September 2021 – 5 Complaints and PALS Report***

- a. There was still no update on the new NHS complaints guidance and therefore the end date would be extended.

#### ***6th October 2022 – 7d. Results of the 2022 Governor Elections***

- b. The action point would be covered during the meeting and could be closed.

### 5. Performance Report

- a. The Chief Executive introduced the Performance Report item and advised that it continued to be challenging period for the NHS on a national level due to demands around the urgent care pathway. Pressures were worsened due to periods of Industrial Action however Trust staff were heroic as ever in their response, particularly over the bank holiday weekend. Unfortunately, the high pressures impacted on planned care, 1,500 appointments and 70-80 operations were postponed.
- b. The Trust's 78-week Referral to Treatment performance for patients with long waiting times continued to improve throughout March. 51 patients did not reach the standard; however this had decreased from several thousand and nearly all of these patients were due to patient choice or complexity. The Trust was benchmarking well nationally.
- c. Neil Dardis reminded the Council of Governors that the Trust had been part of the NHSE/I clinical review of standards since 2019. The pilot had come to an end and the Trust would be expected to report against the usual 4-hour standard by 15 May 2023. The change back to the 4-hour standard would require significant review and changes to clinical practice and pathway. An Urgent Care Summit had taken place before the Council of Governors meeting and improvements were going well, notwithstanding the recent pressures.
- d. Following a period of reorganisation, activity to main call centres had reduced by one third and calls were being answered within two-minute wait time. Further work around responsiveness and use the MyFrimleyHealth app was ongoing.
- e. Nigel Foster explained that there was a technical change in accounting treatment for land sales, which benefitted the Trust as it had sold the old HWD site and therefore, subject to external audit, the Trust had been able to report a breakeven position at end year. He emphasised that this was a one off and the financial situation for 23/34 would be incredibly tough.
- f. John Lindsay queried the status of the ICS draft budget. Nigel Foster explained that the ICS was required to report a breakeven position as a system and as individual organisations. There were a number of financial submissions, the next one would be in May. The system planned to breakeven however there was some nervousness around how it would be delivered.
- g. Kevin Watts asked whether there was a fixed plan to reduce the number of attendees in ED. Neil Dardis explained that the Trust had carried out a strategic review of the urgent care pathway which

had produced a number of recommendations. Work on the urgent care strategy would continue over the next 3-4 months.

- h. Sarah Peacey asked if planning was based on 450 attendances a day. Neil Dardis said that the plan used the out turn from the previous year with added assumptions.
- i. Sarah Peacey noted that GPs would send patients to hospital for blood tests resulting in a 4 week wait, she queried whether there was a service level agreement with BSPS. Neil Dardis explained that there was not a service level agreement as Trust and BSPS were a partnership. Rob Miles gave an example of recent situation he had faced and Neil Dardis would follow up with BSPS offline.

**ACTION: ND**

- j. Charles Fowles commented that the 6-week diagnostic wait was still quite far from where the Trust aspired to be and what activities were necessary to make improvements. Neil Dardis explained that generally turnaround was good however there were specialities with challenges due to the availability of skill sets. Neil Dardis continued to explain that the 6-week wait was target and it was not being met on a national level, therefore the Trust was not an outlier. There were still some challenges due to the data available from EPIC and the Trust would have a 2-month period to validate its data. The trajectory would be presented to the Board.
- k. Charles Fowles queried the progress on the Stroke 4-hour target. Neil Dardis said that it had been part of the conversation during the Urgent Care Summit and members had discussed how to ringfence those patients. The area would be included in work around capacity and space to alleviate pressure on beds. Mike O'Donovan added that the crucial statistic was how quickly patients received medication.
- l. Charles Fowles commented that staff appraisal rates were lower than expected. Matt Joint said that rates were increasing by 1-2% per month and appraisals reflected well in the NSS results. He was confident that appraisal rates would have increased significantly by Autumn.
- m. Rob Miles was concerned that there were a large number of staff choosing not to complete their appraisal. Matt Joint assured him that compliance rates were due to significant pressures and that HRBP's were refreshing the process. John Lindsay noted that there was no reference to medical staff in the report. Matt Joint explained that the compliance rate was high for medical staff as it was mandatory to validate their yearly review.
- n. Julia Flower asked whether there was a sense of when data availability from EPIC would improve. Neil Dardis said that the Trust had committed to complete statutory national reporting from April onward and that May would be the first submission of a suite of reports. There would be a period to validate diagnostics and then the data would start to come through. Nigel Foster assured Governors that the Trust had been submitting some data, but that it was not as comprehensive as possible. There was a focus on getting it right in the new financial year, and part of that was pushing commissioners to utilise the systems
- o. The Council of Governors **NOTED** the Performance Report.

## **6. People Committee Report**

- a.** Bryan Ingleby introduced the item and explained that the Council of Governors would be presented with a report from a Board sub-committee at each of its quarterly meetings, as a way to provide Governors with assurance of the Committee's work and as an opportunity to hold the NED chairs to account.
- b.** Chair of the People Committee, Mike Baxter, presented the People Committee Report. He provided a brief background of the Committee, its structure and explained its objectives. He also explained that NEDs state on various Board Committees, which gave them the chance to cross reference areas such as risk.
- c.** Mike Baxter spoke through the type of items that the Committee discussed at its meetings and presented the agenda from the meeting held on Monday 24<sup>th</sup> April. He explained that the Committee received assurance through key metrics. The People Strategy had been presented to the Committee throughout its ongoing development and that it was now at the point of consultation with Trust staff, to receive bottom-up feedback.
- d.** The Corporate Risk Register was referenced at every meeting and Mike Baxter spoke to each of the People risks and explained the link and role of the Board Assurance Framework.
- e.** During the People Committee meeting held in February it was agreed that each member of the Committee would submit 3 'People Issues' that kept them awake at night. The list was presented to the Committee on Monday. The Committee was surprised that there was a range of 11 different issues, which demonstrated the different perspectives. The top three issues were around engagement, retention and right sizing. Mike Baxter briefly spoke to each of these issues. Overall the Committee were pleased that there were no unknown concerns and that each of the issues was reflected on the CRR.
- f.** In relation to right sizing, Charles Fowles commented that it was also important to employ the right staff. Mike Baxter agreed and said that this linked to being able to provide career pathways, however as the organisation had grown so rapidly there was a high number of vacancies and patients requiring care. Work was ongoing around HCA retention and the Physician Assistant role.
- g.** Charles Fowles asked when the Council of Governors would have sight of the People Strategy. Matt Joint was keen that the Governors had sight of the document as it was a co-creation and it would be presented at a future meeting.
- h.** Kevin Watts commented that engagement and retention sat hand and in hand and that low engagement was typical for fluid members of staff that intended to move on to other jobs. He thought mindsets had changed and that it was quite common for staff to stay in a role for a short period of time and move on and that it wasn't always in the Trust's control. Mike Baxter agreed that a healthy level of turnover was possible and it was important to balance that was offering the opportunity to professionally develop.
- i.** Rob Miles asked whether competence was considered when staff were scheduled for shifts. Matt Joint explained that it was an operational point however the HR team did have good oversight of staff rostering. Mike Baxter added that the People Committee had sight of nursing reports and banding, and that competency was linked to mandatory training and appraisals.



- j. John Lindsay highlighted previous discussion around the speed of issuing offer letters to incoming staff. Matt Joint explained that the HR team had been under tremendous pressure however the team had been restructured and additional resource added, since then Time to Hire had reduced by 20 days.
- k. John Lindsay noted that various initiatives were cancelled due to budget cuts. Mike Baxter said that at the recent meeting the Committee discussed wellbeing support and were assured that the Trust had funded 2 psychologists to provide staff with support. He added that it was interesting that the FTSU was initially set up to link with whistleblowing, however the FTSU was receiving increasing contact from frustrated staff.
- l. John Lindsay asked about international staff recruitment performance. Matt Joint said that the Trust was looking to employ around 400 international staff and that in the previous year the Trust had run out of accommodation. An accommodation manager and support officers were introduced to help international staff. The international pipeline was forecast to decline in coming years and therefore the Trust was trying to utilise the source. Mike Baxter commented that international staff were not a sustainable method of recruitment and that another solution was required.
- m. The NSS compliance rate for international staff was queried. Matt Joint explained that the majority of the Trust's international workforce were of a BAME background and that NSS compliance was very good for this group of staff.
- n. Sarah Peacey queried how staffing establishment figures were agreed. It was explained that principals were set in national framework, however the final figure was based on requirements for beds, initiatives, funding and skill mix. The national principal was that the NHS workforce should not increase, however the Trust's strategy was to reduce agency expenditure in order to fill full time vacancies.
- o. The Committee **NOTED** the People Committee report.

## 7. Task and Finish Group Proposals

- a. Bryan Ingleby presented the Task and Finish Group Proposals and thanked those involved in the process. He said that the proposals were a good baseline and that further work was required to develop the actions around decision making.
- b. Governors were given the chance to provide their feedback on the proposals throughout the week and Bryan Ingleby asked that any final comments be emailed to him.
- c. Bryan Ingleby advised of plans to reconstitute the Governor Committees and welcomed Governor involvement.
- d. The Council of Governors **APPROVED** the Task and Finish Group Proposals.

## 8. Governor Elections and Timetable

- a. Tyrieana Long presented the Governor Elections and Timetable and highlighted the following key points:

- There were 5 Public Governor seats up for election;
  - There were 2 Staff Governor seats up for election;
  - Unfortunately, Tim Madge had stepped down from his role and therefore there was an additional vacancy in Windsor and Maidenhead. We have provision in our constitution to fill this vacant seat as part of the election process and offer a new three term;
  - The elections process would begin in July and the new terms would begin on 1st November;
  - A tender exercise, inviting 3 election services to submit a bid was completed early this year. Civica Election Services remained the most competitive and have been re-engaged to conduct the elections on our behalf for a further 3 years.
- b. Tyrieana Long reminded Governors that 2022 elections had a very low turnout and that there was an action point to look to improve this. The Company Secretariat and Comms team had come together and set out some initiatives, which included revisiting the Trust's election materials, the use of video statement and Governor awareness Sessions. Tyrieana invited Governors to submit any ideas they may have.
- c. Rob Miles commented that voter turnout would increase as a result of wider engagement.
- d. Sarah Peacey expressed some concern around the use of video statements and that they may discourage some candidates.
- e. The Council of Governors **APPROVED** the proposal to offer a new three term for the Windsor and Maidenhead vacant seat.

#### 9. Governor Evaluation of Board and COG Performance

- a. Bryan Ingleby presented the Governor Evaluation of Board and Council of Governor Performance and thanked Governors for taking the time to complete the form. He praised the compliance rate and the richness of the comments. Comments would be considered at a Board Development session in the near future.
- b. He acknowledged that scores monitoring performance could be higher and he was seeking to provide a greater emphasis on Trust performance at Board meetings.
- c. Sylvia Thompson commented that she was delighted that the compliance was at 70%. She added that she had not been able to complete the form due to technical difficulties. The Company Secretariat would provide Governors with paper forms if necessary going forward.
- d. The Council of Governors **NOTED** the Governor Evaluation of Board and CoG Performance.

#### 10. Council of Governor Committee Reports

##### Community Engagement Group

- a. Sarah Peacey introduced the Community Engagement Group update and advised that the Committee had discussed membership demographics and engagement activities. She noted that there had been 2 health events since the last Council of Governors. The Committee were presented with the revised membership application form; however the Committee had agreed that it required more work. The updated form would then be presented to the Council of Governors.
- b. The Council of Governors **NOTED** the Community Engagement Group update.

## **11. Public Questions**

- a.** There were no members of the public present.
- b.** Julia Flower commented that she had recently taken part in a Quality Walkabout and that it was very valuable.
- c.** Sarah Peacey asked if various NHS healthcare apps were data protected. Nigel Foster said that MyFrimleyHealth was definitely protected and that a series of apps managed by the ICS complied with rigorous IG requirements to ensure data was held securely.

## **12. Close**

- a.** **Date of next meeting: 20th September 2023, 17:00-18:30, Format TBC**

## MEETING OF THE COUNCIL OF GOVERNORS

20<sup>th</sup> September 2023

### ACTION LOG

Agreed Action	Lead	End Date
<b>ACTIONS COMPLETE</b>		
<b>26<sup>th</sup> October 2022 – 7d. Results of the 2022 Governor Elections</b> In relation to the low voter turnout, look at best practice in other trusts for membership engagement, prior to the 2023 governor elections. <b>Update: Proposals were included in the Governor Elections paper in April 2023.</b>	Company Secretary	31 May 2023
<b>20<sup>th</sup> April 2023 – Performance Report</b> Follow up with BSPS regarding blood test availability. <b>Update: Closed by email in May 2023.</b>	Neil Dardis	31 May 2023
<b>ACTIONS IN PROGRESS</b>		
<b>16<sup>th</sup> September 2021 – 5 Complaints and PALS Report</b> Confirm the new FHFT internal complaints process once the national complaints guidance has been published. <b>Update: March 2023 - the new NHS guidance had not been issued to date.</b>	Chief of Nursing and Midwifery	31 March 2024
<b>ACTIONS OVERDUE</b>		
-	-	-

<b>Report Title</b>	<b>External Audit Report</b>
<b>Meeting and Date</b>	Council of Governors, Wednesday 20 <sup>th</sup> September 2023
<b>Agenda Item</b>	5.
<b>Author and Executive Lead</b>	Joanne Lees, Director KPMG Gary McRae, Audit Committee Chair
<b>Executive Summary</b>	<p>The attached Auditor's Annual Report provides a summary of the findings and key issues arising from our 2022-23 audit of the Frimley Health annual accounts.</p> <p>Joanne Lees, Director KPMG will present the report.</p>
<b>Action</b>	The Council of Governors is asked to <b>NOTE</b> the Auditor's Annual Report.
<b>Compliance</b>	FT Code of Governance, Trust Constitution

# Council of Governors Presentation

**Frimley Health NHS Foundation Trust**

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20 September 2023

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# Our responsibilities

## Financial statements

- Assess whether the accounts provide a true and fair view of the performance of the Trust during the year and its financial position at the end of the year.
- Apply a materiality to assess whether differences identified would impact on the interpretation of the accounts.



## Annual report

- Assess whether the information in the annual report is consistent with our knowledge of the Trust and provides a fair and balanced view of performance.
- Certain disclosures of directors' remuneration are subject to audit.

## Auditor's responsibilities

## Value for money

- Assess whether the Trust's arrangements for achieving value for money are in line with those we would expect to observe within the sector.
- Prepare a commentary setting out our assessment of the Trust's arrangements – our Auditor's Annual Report.

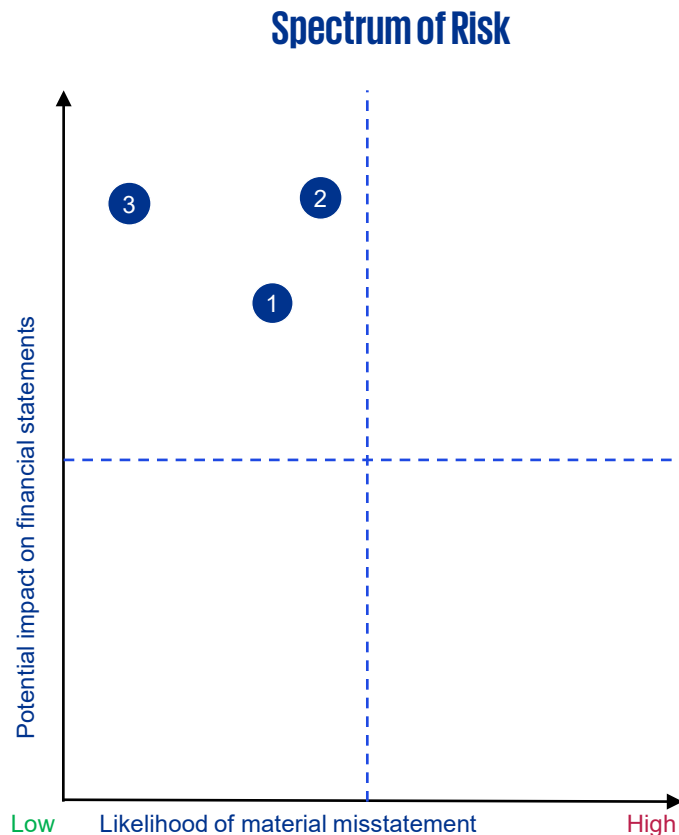


## Whole of Government Accounts

- Assess whether the accounts are consistent with the information submitted to NHS England to allow preparation of the consolidated NHS provider accounts.
- Perform certain additional procedures directed by the auditors of the Department of Health and Social Care group.



# Financial statements – risk assessment



## 1 – valuation of land and buildings

- Land and buildings are required to be recognised based on the cost of replacing the current estate on what is known as a modern equivalent asset basis.
- We did not identify any material misstatements

## 2 – expenditure recognition

- We recognise a risk that expenditure may be misreported in order to meet the Trust's financial target as required by NHS England.
- We did not identify any material misstatements

## 3 – management override of controls

- We are required by auditing standards to recognise a risk on all audits that management could override the normal operation of the financial control environment.
- We did not identify any instances of indication of management override.

# Financial statements – summary of conclusion

## Accounts

- We issued an unqualified opinion on the financial statements, confirming that they provided a true and fair view.
- We identified six misstatements. Five of these remained unadjusted with a net impact of £800k on the Financial statements, which we did not consider to be material. One misstatement, relating to the classification and presentation of the current liabilities balance, was adjusted.
- We also identified a number of presentational changes but none of these were considered to be significant changes.
- We raised two control recommendations as a result of our audit procedures. We found both of the recommendations raised in the prior year were fully implemented.

## Annual report

- We issued an unmodified opinion on the annual report.
- We agreed changes to the draft annual report to ensure it included the required content as set out within the Annual Reporting Manual.
- We agreed changes to the disclosures of directors' remuneration within the remuneration report, which were corrected within the final report.

# Value for money

We are required under the Audit Code of Practice to confirm whether we have identified any significant weaknesses in the Trust’s arrangements for securing economy, efficiency and effectiveness in its use of resources.

Domain	Risk Assessment	Conclusion
Financial sustainability	No significant risks identified	No significant weaknesses identified that required reporting
Governance	No significant risks identified	No significant weaknesses identified that required reporting
Improving economy, efficiency & effectiveness	No significant risks identified	No significant weaknesses identified that required reporting



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**Document Classification: KPMG Confidential**

Report Title	Performance Report
Meeting and Date	Council of Governors, Wednesday 20 <sup>th</sup> September 2023
Agenda Item	6.
Author and Executive Lead	Neil Dardis, Chief Executive
Executive Summary	<p>The attached reports are</p> <ul style="list-style-type: none"> <li>a) The latest Chief Executive report which provides national, system and Trust wide updates and</li> <li>b) The latest Performance Report which confirms performance against national access and quality standards.</li> </ul>
Action	The Council of Governors is asked to <b>NOTE</b> the Trust's Performance Report.
Compliance	CQC Quality Standards and NHS Performance Standards

# Chief Executive's Report

## 1.0 INTRODUCTION

This report highlights areas that will benefit from focused discussion in today's board meeting, note the national context, and recognise the developments and achievements of the trust since we last met.

## 2.0 NATIONAL AND SYSTEM UPDATE

### **Lucy Letby verdict**

Following the conclusion of Lucy Letby's trial, all NHS CEOs and Chairs were asked to attend an event in London on Wednesday 6 September, where we discussed the case and the potential implications.

Our medical director and chief operating officer Dr Tim Ho and Caroline Hutton also wrote to all staff. They highlighted the support available for staff impacted by these events and the importance of creating a safe environment where concerns can be raised without fear of consequences. The letter also highlighted the upcoming independent inquiry to understand the causes and prevent such events in the future, while acknowledging the dedication of the majority of NHS staff to providing excellent patient care. There will be ongoing communications to support this important message and ensure all staff and patients know how to raise concerns and have confidence that they will be addressed as a priority.

A new framework designed to add more rigour to the fit and proper person test (FPPT), will be implemented from 31 March 2024, and by the end of September NHSE will also launch the Leadership Competency Framework for board level roles. The Board will continue to learn in light of these events and ensure any required actions are taken and the right culture exists through our culture and leadership programme.

### **New Hospital Programme audit report**

The National Audit Office has published a report on the New Hospital Programme in July, predicting only 32 of the originally intended 40 new hospitals would be delivered by 2030. However, this does not affect the new hospital to replace Frimley Park, which was announced as part of an amendment to the NHP in May, along with other NHS hospitals affected by reinforced autoclaved aerated concrete (RAAC).

### **Spotlight on RAAC**

The recent change in government policy in relation to RAAC in school buildings resulted in a significant peak in public interest in our own RAAC issues that we are managing at Frimley Park. As a result, Jacqui Rock, Chief Commercial Officer for NHS England, and Dr Mike Prentice, National Director for Emergency Planning, and Incident Response, wrote to trusts reminding them of obligations to identify, monitor and remediate for RAAC, and to have well-established plans in place for incidents, including full evacuation.

The Trust had a lot of local and national media enquiries and requests which were primarily handled by signposting queries to our website resource that includes previously published information from our website and board minutes. This has resulted in Frimley Park featuring in national and local media in relation to our challenges and mitigations.

We will continue to be as clear and up front as possible with staff, the public and all stakeholders about RAAC at Frimley Park as we manage the estate and minimise risks until our new hospital is developed by 2030. We have run an extensive programme of maintenance and repair at Frimley Park and continue to monitor the RAAC planking and conduct regular maintenance and repair work as a precaution. We work in partnership with structural engineering and construction expert advisors who support our monitoring and maintenance activities to ensure any risks are identified and proactively managed. See further updates on a paper on the agenda to this Board.

### **Recovering Services**

The NHS across England continues to face significant challenges in recovering services following the pandemic, particularly around meeting elective activity targets while industrial action by junior and senior doctors is ongoing, with waiting lists remaining above 7.5 million.

NHS England has reduced its elective activity targets for 2023/24 slightly from 107% of 2019/20 activity to 105% and will provide compensation to trusts for lost income to reflect the difficulties they face in treating more patients. However, it is not yet clear how funds will be allocated and whether they will bridge the gap caused by reduced activity. The ongoing strikes and lower targets could severely affect elective services and waiting lists as well as raising questions about the NHS's ability to achieve its elective volume goals by 2024-25.

### **NHS Capacity Boost**

The Department of Health and Social Care (DHSC) announcement that 900 new hospital beds will be delivered across the NHS as part of £250m government funding to help treat patients more quickly this winter is welcome additional support, ahead of winter. However, this funding does not provide additional beds to the Frimley system, and work is ongoing with partners around our surge planning for this winter. This plan will be reviewed and agreed by the Board at a future meeting.

### **Cancer services - Modernising Cancer Waiting Time Standards**

From 1 October, the NHSE standards measuring waiting times for cancer diagnosis and treatment are being simplified and will mean the removal of the two-week wait referral standard and increased focus on improving compliance with the 28-day faster diagnosis standard. This means we are prioritising early diagnosis of more patients to enable us to focus on prioritising those where cancer is identified to commence their treatment earlier.

There are further changes to the 31-day and 62-day standards which amalgamate treatment targets under these two standards, which allows us to have a consistent focus on ensuring patients receive equitable treatment in line with these standards.

### **NHS Providers visit**

Heatherwood Hospital's clinical leadership and effective collaboration were highlighted as key factors in its success during a visit by Sir Julian Hartley, the new CEO of NHS Providers, in July. We outlined how Heatherwood has achieved remarkable outcomes by uniting skilled teams with a shared purpose and utilising the Frimley Excellence continuous improvement approach, alongside digital tools and superlative facilities.

Julian met with myself and members of the executive team to discuss broader challenges, particularly the impact of the current industrial action, waiting lists and patient access. Julian outlined the role NHS Providers will continue to play in supporting Trusts with these challenges with national leaders and politicians, and his support for Trusts continues to be welcomed and valued.

### **HSE inspection**

The HSE wrote to NHS Chief Executives summarising findings from inspections done between 2018 and 2022 regarding musculoskeletal injuries and support for staff against violence and aggression. HSE plans further interventions in the next year. Our trust has been selected for a visit on 11 September to discuss measures taken in response to the issues, then on 16 and 17 October, another inspection will be conducted to assess our risk control measures.

### **Ongoing industrial action impact**

Further strikes by junior doctors are planned by the BMA for 20 to 22 September and 2, 3, and 4 October for both junior and senior doctors - the first time the two will coincide. We saw far greater challenges, in what has been the most difficult strike yet, when we saw lower staffing levels during the August holiday period, making it harder to maintain schedules. I know this next phase of strikes will be equally challenging and I am extremely grateful to everyone who has adapted and worked differently during these challenging periods. We recognise the impact this is having on waiting times for our patients, and we are working closely with Frimley Health and Care system colleagues to reassure the public about continuity of urgent and emergency services availability, while encouraging them to use healthcare resources wisely.

### **Winter resilience planning**

NHS England has outlined the national approach to winter planning for 2023-24, emphasising the importance of improving Urgent and Emergency Care (UEC) services and presenting key steps to address challenges. The delivery plan for UEC recovery, alongside other plans and priorities, forms the foundation for winter preparation. Ambitions include admitting, transferring, or discharging 76% of patients within four hours by March 2024, and improving ambulance response times.

Funding will be allocated for extra capacity, and the four focus areas for winter planning include high-impact interventions, operational and surge planning, effective system collaboration, and workforce support. The importance of protecting against flu and infectious diseases, including vaccination programmes, remains high.

The Frimley ICB is completing our UEC winter plan and winter 2023/2024 planning submission. We are working closely as a system to ensure we provide the most focussed attention in the run up to, and during, winter

### **Protecting and expanding elective capacity**

NHSE has written to all trusts to ensure key actions are taken to support the protection and expansion of elective capacity along with further transformation of outpatient services. For us, this will include reducing follow-up appointments without procedures, validating waiting lists, reducing variation in clinical templates, implementing new working methods, and support patient-initiated follow-ups. NHS England is providing several forms of support to aid these changes.

Additionally, three specific actions have been requested, which we are working on as a priority:

- revisiting plans to reduce outpatient follow-ups
- aiming to eliminate patient waits over 65-weeks
- maintaining accurate validated waiting lists.

We have been asked to provide assurance on our outpatient recovery efforts, with a review of annual plans, self-certification by trust boards, and sign-off by chairs and chief executives. Plans will be included in the next board meeting papers.



### **Vaccination rollout**

We have been asked to provide staff with flu and covid vaccines to help make it easier for staff due to the prevalence of the new BA286 covid variant and upcoming industrial action set for this autumn. The national vaccination programme was originally scheduled to take place in October, but we are working towards moving that date forward – subject to vaccine availability.

### **Frimley ICB update**

I have provided an initial update and explanation around the context of working as a system with the ICB. This is not an exhaustive update and I intend to tailor these to focus on the salient actions for Frimley Health and will continue to refine the information. Please see appendix for further details.

## **3.0 STRATEGY**

### **Executive team changes**

#### *Chief of nursing and midwifery appointed*

I am delighted to announce that following a rigorous and highly competitive recruitment process, we have appointed Melanie van Limborgh as our Chief of Nursing and Midwifery – joining us to replace Lorna who has chosen to retire at the end of the year.

Melanie will be joining us from Chelsea and Westminster Hospital NHS Trust, where she is currently Director of Nursing, following a two-and-a-half-year secondment as Chief Nurse and Director of IPC at the Hillingdon Hospitals NHSFT and four years as Deputy Director of Nursing – Quality at Chelsea and Westminster. Melanie has held a number of clinical and leadership roles at Chelsea and Westminster, and undertaken burns care and emergency preparedness roles at the DHSC as well as regional Burn Care Operational Delivery Network Manager for the Midlands.

#### *Interim Director of Finance*

We welcome Kishamer Sidhu (Kish), who joined us as interim Director of Finance in August while we recruit to the substantive role to replace Nigel Foster who is now SRO for the new Frimley Park hospital.

We have also begun the process of recruiting Director of Strategy, Partnerships & Digital Services to fill the executive vacancy created when Caroline Hutton was appointed Chief Operating Officer.

### **New Chief of Service for Emergency Department**

We are very grateful to Dr Nick Payne for his amazing contributions over many years, as he steps down from the role of Chief of Service for the Emergency Department. Dr Ed Behn, who had been deputy chief of service, replaced Nick this month and I wish him every success in the role.

### **New Frimley Park M Block**

We are currently awaiting national approval of the £49m full business case. The Joint Capital Committee is meeting at the end of September. In the meantime, we continue to work with contractors developing the facility to ensure that we can mobilise the moment that approval is given. All enabling works that we could do have been done to minimise a delay to the building becoming operational.

### **Heatherwood achieves GIRFT (Getting It Right First Time) success**

We were delighted that Heatherwood Hospital achieved NHSE's Elective Surgical Hub status at the end of July. This recognition, a joint accreditation by the NHS England GIRFT best practice programme and the Royal College of Surgeons of England, celebrates exceptional patient experience, productivity and innovative models of day-case surgery and care. The accreditation lasts three years, during which GIRFT will assist the Heatherwood team to build upon its success.

Remarkably, Heatherwood attained accreditation in just 16 months since opening. The thorough process saw us successfully pass all 101 required metrics with assessors highlighting the team's professionalism and enthusiasm and a positive culture at Heatherwood. We are very grateful to all involved, particularly Angela Lawes, Dr John Seymour, Dr Deepa Jadhav, Mr Rakesh Kucheria, and Razya Hussain for their contributions.

### **Electronic Patient Record (EPR) update**

We are running a pilot process for triaging and prioritising staff requests for optimising (improving) the Epic EPR system. There are currently over 20 requests for EPR enhancements (apart from normal small fixes), such as rolling out executive dashboards and replacing our ICU and cancer systems with EPR.

We upgraded our EPR in August to improve the system and take advantage of the latest functionality. EPR trainers and analysts, as well as technical support teams from Epic, were on the ground helping with queries and issues. Our clinical, operational and digital teams worked together to ensure a smooth transition. EPR upgrades are now going to be more frequent so we can continuously improve the system.

### **People Promise**

The Trust has been a designated People Promise Exemplar site since April 2022 and the programme's funding has now been extended for 12 months to support reducing turnover to 12% by March 2024. Strategic workstreams include enhancing employee experience, collaborating with staff segments, promoting flexible work, contributing to culture and leadership, improving wellbeing, and introducing mutual mentoring. Staff turnover decreased in July to 12.8% from a peak 16.6% in June 2022 (year to date average 13.4%). This improvement has included a net increase of around 200 FTE staff and a reduction in leavers by 40%.

A recent visit from NHS England to review our People Promise activities acknowledged our progress with survey responses and staff engagement and were positive about our use of the Frimley Excellence improvement model to support the work.

### **National Quarterly Pulse Survey**

The survey closed on 31 July and we achieved a 20% response rate (a 5% increase from Q1). The national benchmark was 21% and key highlights include:

- All nine core questions showed improvement from Q1
- All nine were above the Picker average
- Staff recommending FHFT as a place to work had a 6.4% increase from Q1, taking us to 63.2%

### **Culture and leadership**

The Board has recognised the importance of people in our strategy, and it is right that we are always seeking to ensure we have the right culture. Our Culture and Leadership Programme (CLP) is underway to help the trust to understand staff perceptions of its culture and guide us to develop a collective leadership strategy. The aim is to foster compassionate and inclusive environments, leading to increased staff engagement, reduced agency spend, and decreased issues like bullying, harassment, and staff turnover.

We are currently in a diagnostic phase of this work with surveys and interviews being undertaken with a view to developing plans for improvement over the Autumn. Our Strategy & Culture Programme Board has been established to oversee this work.

### **Equality & Diversity**

The trust plans to support National Inclusion week on 25 September and Black History Month in October with different foods across our sites, videos and guest speakers to build awareness of the celebrations. I will also be speaking at a system conference on 11 Oct, called 'Let's act on equality, diversity and inclusion – turning our words into real action', where I will discuss the context and ways we are working, what my expectations for inclusion are, what we have put in place to support our staff and the successes we have seen.

### **AHP away day**

The importance of AHPs, the third largest workforce in the NHS, is undeniable. They assume critical roles in diverse healthcare settings, making substantial contributions to patient assessment, diagnosis, treatment, and rehabilitation. So I was delighted to attend our AHP away day tailored specifically to their needs. Discussions focussed on leadership development and learning, wellbeing initiatives, and quality improvement as well as patient safety and lung prehab services. It was a wonderful mix of information and shared learning, which will help the teams continue to evolve and develop. I hope we see this feature prominently in our work on our future strategy this year.

### **Addressing concerns from HEE**

In March 2022 HEE provided us with some recommendations following an inspection. We have taken prompt action and delivered comprehensive plans to address the recommendations with two actions already formally resolved, and another two are in a position to be closed.

Our commitment to the ongoing improvement process is clear through various measures we have in place. These focus on providing high quality induction materials, which are now accessible, and standardising local sub-specialty inductions based on feedback from all doctors.

We have also improved weekend staffing and continue to recruit more doctors, enabling greater rota flexibility. We've appointed a consultant to oversee Internal Medicine Training so all trainees can participate in clinic days that cater to their learning needs. All of this, in addition to more efficient digital systems, meetings with trainees, improved communications procedures and greater patient support in collaboration with our deteriorating patient teams, means we can report good progress back to HEE. We are confident that we continue to offer high value clinical learning and experience in several areas of medicine, and these were reflected in this year's survey.

## **4.0 PERFORMANCE OVERVIEW**

### **Access**

Our collective response to the restored four-hour waiting time standard for urgent care is on track to meet the national standard of 76% by October ahead of the national end of financial year target. There have been instances of exceeding the target, even reaching 85% and 90%. The aim is to achieve excellence beyond 76%.

At the end of July, we held our second urgent and emergency care summit to discuss improvements in collaboration with professionals from various specialties, support services and system colleagues. Challenges related to staffing and space were acknowledged, with efforts to optimise therapy input and streamline diagnostics discussed. The summit also discussed how we can enhance same-day emergency care and specialty assessments with standardised operating hours and criteria to ensure we continue to improve to meet and exceed the national standard.

Efforts to address patient waiting times, particularly for the longest waiting Referral to Treatment (RTT) patients, have shown progress. However ongoing industrial action continues to impact our ability to reduce our waiting lists as quickly as we would like and is inevitably having an impact on patient experience.

We have made significant improvements to our cancer performance as we consistently achieve the 28 days faster diagnosis target, which is vital for those patients who require rapid plans and knowledge of their diagnosis.

Our other key challenges remain our diagnostic waiting list, delays in discharge for medically fit for discharge patients, high bed occupancy (at around 98% and an average of 41 escalation beds open in July and a high of 59), and the impact of RAAC remedial works requiring key clinical areas to be closed for prolonged periods of time. Our new diagnostic and ward building on the site of the old medical records block (see above) will help to alleviate some of this pressure.

## **People**

### ***Staff awards***

Recognition and appreciation are critical to achieve our ambition to be one of the best employers in the NHS so I am delighted that we received more than 1,000 nominations for our annual Frimley Health Staff Awards, designed to help us appreciate and acknowledge the hard work and dedication of our teams. The award categories reflect the Trust values and winners will be announced during the staff celebration event being held on 14 September, thanks to support from ERP Today. Tickets have proven very popular this year with 1,500 staff expected to attend and I am sure it will be a fantastic event in celebrating the amazing work of our teams.

### ***Long service awards***

After a pause in our long service awards due to the pandemic, we were delighted to celebrate the combined long service of many of our staff at a special event at Ascot Racecourse over two days and had 338 people attending with nearly 10,000 years of NHS experience in the room, including one member of staff who had served over 45 years at the Trust. This is an amazing achievement and was incredibly humbling to be with such dedicated and committed members of our teams.

### ***Moments that matter***

As part of the NHS People Promise, and in addition to our new DAISY and TULIP awards, which recognise extraordinary nurses and healthcare support workers who go 'above and beyond', we have launched "Moments that Matter" to continue our commitment in ensuring staff are recognised and rewarded throughout their time at Frimley Health. The Moments that Matter cards are small notes that can be shared between colleagues to celebrate key moments in their lives. There are templates for birthdays, work anniversaries, new colleagues in the team, and a quick thank you message, which have been designed to be easy to edit and send by anyone at the Trust. The People Directorate will continue to develop comprehensive plans aimed at supporting our workforce.

### ***Your views - our future engagement roadshows***

In an effort to complement the range of mechanisms for staff to engage, including monthly executive listening events, team brief, CEO staff briefing, quality visits and local directorate and team forums, the Trust introduced engagement roadshows. The aim was to take important trust news and developments out to our staff who may struggle to attend such forums including night staff, so they can all play a crucial role in shaping our future.

Colleagues from corporate services joined forces for the Frimley Health Your Voice, Our Future tour that reached out to over 500 staff at our main hospitals and community sites over a period of several weeks this summer. They gathered great feedback on a range of topics, from input into our new hospital programme and helping us gather lessons learned from our EPR implementation, to providing insight into our cultural leadership programme and the new Trust strategy. They also heard thoughts on MyFrimleyHealth Record, staff awards, our cultural leadership survey, the Every day matters initiative and Frimley Excellence.

Future engagement sessions with staff are planned over the autumn.

### **Quality**

#### ***SSNAP rating***

Frimley Park's Stroke Unit retained its B rating in the latest quarterly report from the Sentinel Stroke National Audit Programme. The result, covering the period of January – March 2023, reflects a period of very high referral numbers to the stroke unit and some workforce challenges in areas such as speech and language therapy. The team is now working on improvements including in admission to the unit within four hours, rapid CT imaging for patients to support early decision making for treatment and matching staff levels to demand.

#### ***Prevention of Future Death (PFD) Report***

Following the inquest into the death of a patient at Frimley Park Hospital, the coroner issued a prevention of future deaths report to Health Education England and the National Institute for Health and Care Excellence. The PFD relates to guidance, instructions and training around the placement of nasogastric tubes.

#### ***CQUIN successes***

In the first quarter of our CQUIN programme, we have achieved significant milestones that will make significant improvements in the care we provide for our patients:

1. Enhanced recovery post-surgery: 98% success in helping patients recover faster after major elective surgery by enabling them to eat, drink, and move within 24 hours.
2. Improved antibiotic management: Effective use of EPIC for daily monitoring of patients on IV antibiotics, resulting in only 16% of patients not being switched to oral antibiotics when ready, surpassing the national target of 40%.
3. Frailty assessment in Emergency Departments: Successfully assessed 42% of patients (exceeding the 30% national target) to ensure timely response from frailty teams and reduced waiting times and hospital admissions.
4. Quality account priorities: Four out of six priorities on track, including progress with the 4-hour urgent care target and building trust in medical staff. Focus on improving Sepsis and Pressure Injury prevention tools on EPIC, supported by education from practice development, education teams, and Rapid Response Teams.

Additionally, our maternity service excelled by completing all CNST safety assessment actions, a rare feat, and we await the outcome of our recent CQC assessment into maternity services.

High rankings in the Friends and Family Test for maternity and inpatient services position us among top performers nationally.

### **Financial Performance**

At the end of July, we were £7.9m behind our financial plan – after being £5.0m behind in June. The trend is a cause for concern, and we have implemented some key actions to manage the risk and improve our financial position. This includes challenging key unplanned costs such as escalation areas, and outsourced activity is being identified and rigorously challenged. Teams are also being asked to bring spend back in line with agreed budgets and to identify recovery actions where needed. We are also holding regular executive-led recovery meetings where directorates who are facing difficulties in achieving their financial plans will work together to identify mitigations and control measures to be implemented.

Good progress has been made in reducing agency expenditure during the first quarter of this year, especially for nursing, which now needs to be replicated in other areas. To reduce medical agency costs, directorates are being asked to ensure that job plans are being fully utilised, and shifts are in line with agreed staffing levels.

There are four key drivers for 76% of our overspend and these are:

- Mental health nursing (£951k) – 12%
- Industrial action (£1,931k) – 24%
- Use of outsourcing facilities (£1,651k) – 20%
- Escalation capacity (£1,638k) – 20%

Our priorities to address these drivers are to review controls and authorisations, ensure delegation and responsibilities are clear and we focus on reducing discretionary spend and making our money work better for us. The key to our financial success will be delivering the transformation and benefits of the foundations we have put in place over recent years.

## **5.0 DEVELOPMENTS AND ACHIEVEMENTS**

### **Celebrating our Community Respiratory Team accreditation**

Our Community Respiratory Team (CRT) was awarded the pulmonary rehabilitation accreditation by the Pulmonary Rehabilitation Services Accreditation Scheme (PRSAS). This means that they met or exceeded best practice on the quality standards for all aspects of their pulmonary respiratory service, including quality and safety, patient experience and workforce. This is an amazing achievement for the team, especially as it was only formed in 2020. They have accomplished a staggering amount in that time and have been able to massively reduce pulmonary rehabilitation wait times and exceeded the national timelines for urgent referrals.

### **Artificial intelligence**

Frimley Health is spearheading a trial involving Artificial Intelligence (AI) in radiology to expedite cancer treatment for patients. The AI technology, developed by Qure.ai, has been tested on breast and chest images to effectively identify cancer and potential abnormalities. The preliminary outcomes indicate a remarkable 99.7% accuracy in categorising scans as normal or cancerous, even detecting inconspicuous cancer risk nodules that might have been overlooked.

This AI tool highlights abnormal scans, enabling radiologists to prioritise urgent cases, leading to quicker diagnoses and treatment for patients. Additionally, the technology has the potential to lessen radiologists' workload by up to 58%, as less critical cases can be handled by radiographers, freeing up radiologists' time for specialised and complex cases. Dr Amrita Kumar, the lead for the trial at Frimley Health also spoke to BBC Newsnight about the success of the trial and how the new technology could potentially help ease workloads and quickly flag patients who are most in need of care.

### **National wards shortlists**

Nurse consultant Andrew Barton, who presented to the board at its meeting in July, has been shortlisted for two prestigious awards. He has been recognised as a finalist for Nurse of the Year in the Nursing Times Awards and as a contender for Clinical Leader of the Year in the HSJ Awards. He chairs the National Infusion and Vascular Access Society, contributes to global vascular access committees, and has developed the trust's intravenous and vascular access service (IVAS). The Nursing Times Awards ceremony is set for 25 October, and the HSJ Awards winners will be announced on 16 November.

### **Gold Award in the Defence Employer Recognition Scheme (ERS)**

In July we achieved the Gold Award in the Defence Employer Recognition Scheme (ERS), demonstrating strong support for the armed forces community. This Ministry of Defence programme recognises employers aligning with the Armed Forces Covenant, offering fair treatment to the military community. To earn this award, we provide ten extra paid leave for reservists, have supportive HR policies for various armed forces members and their partners, and actively encourage other organisations to join the Covenant. We ensure that veterans meeting job criteria are guaranteed interviews, and we collaborate with external agencies to promote NHS opportunities for veterans and reservists.

### **Medical education awards - record number of nominations**

In July we celebrated excellence in doctor training at our annual medical education awards. We recognised our highly skilled trainers and mentors, and doctors of all grades, from foundation trainees to speciality doctors and associate specialists (SAS), clinical fellows and consultants.

### **Simulation super event at Heatherwood Hospital**

Board members may remember the ward-to-board presentation by our clinical teaching fellows in January. They sought the board's support to run a super-simulation 'SIMley Health' event at Heatherwood for new junior doctors, joining both of our acute hospitals in August. I was therefore delighted to join around 100 Junior Doctors from the latest FY1 cohort at the start of their professional medical careers on 2 August. This event was not only to make them feel as welcome as possible, but to also help them prepare for working on the wards. Our education team, supported by medical teams and volunteers, utilised the new Heatherwood Hospital out of hours on the Sunday to simulate ward scenarios. This allowed trainees to build on their theoretical learning and skills and get used to ward pressures and Trust systems in a safe environment, to help them feel confident and ready for the ward environment.

### **NHS75 Celebrations**

In celebration of the NHS's 75th anniversary, we hosted a Trust-wide 'NHS 75 Big Tea' themed party, inviting all staff to commemorate the special occasion and recognise the exceptional dedication and hard work of our staff in delivering excellent patient care. There were various engaging activities and the Frimley Health Charity organised treats including ice cream vans, deliveries to community sites, NHS75 stands, free cakes, raffles, and bake-offs at various sites.

**Cath lab progress**

Our ambition is to be at the forefront of advances in medicine and our Cath lab 1 at Frimley Park has been transformed in the first phase of an extensive £2.6m modernisation programme. Following the 16-week upgrade, Cath lab 1 reopened to patients this month, and includes a specialist x-ray machine that emits 40% less radiation, a modern surgical lighting, and a new digital viewing system with a large LCD screen to help reduce patient anxiety before procedures.

Work on Cath lab 2 will begin in September and the whole programme will be completed by January 2024. The refurbishment will reduce the time taken to perform some common heart procedures, such as angioplasty, and allows more cardiac work to be carried out locally rather than patients having to travel to tertiary centres in London.



## 1.0 INTRODUCTION

This report summarises key areas of note regarding development across the wider Frimley system and the context of working as a system with the ICB. This is not an exhaustive update and we intend to tailor these to focus on the salient actions for Frimley Health. We will continue to refine the information and so board feedback on this report is invited, so that it can be further improved for future meetings.

## 2.0 SYSTEM DEVELOPMENT

**2.1 Provider collaborative** - The new Provider Collaborative Board, which I chair, was re-launched in May and has met three times with new membership comprising primary care, Berkshire Healthcare FT, Surrey and Borders Partnership FT. In August, the Collaborative agreed to focus on planned care specialities which would most benefit from pathway transformation, particularly those with longer waiting times. There was also an agreement to work collaboratively on the exploration and implementation of new models of care for same day access to urgent care services, working closely with primary care to ensure residents will be able to be seen quickly and locally to where they live. The Collaborative will next move into a new phase of formalisation, taking on more responsibility as a vehicle for delivery within the ICS and will be focusing on this at its next meeting in September.

**2.2 Integrated Care Partnership (ICP)** - The ICP was unable to meet in July as planned, due to ongoing healthcare and public transport industrial action. The ICP will meet in September to plan its work in new areas of the wider determinants of health.

**2.3 Voluntary, community and social enterprise (VCSE) alliance** - Work is ongoing by ICB colleagues to establish a VCSE alliance structure and clear ways of working to support the reduction of health inequalities and transform health and care services. The alliance will be a strategic partner in the system, helping to realise the full potential of the sector by sharing good practice and strengthening its voice. Building strong partnerships with colleagues who have deep knowledge of communities is crucial for tackling inequalities and engaging populations. One year funding is in place to support development for 23/24 alongside independent input from the National Association for Voluntary and Community Action and NHS England. The sector will be an integral part of the place-based partnerships as well as at ICS level. By September, the design group will co-design the alliance vision, values and structure (building on existing place structures); develop a cross-sector MoU/Partnership agreement and support local infrastructure to engage at system level. There will be a review of progress in March 2024 and sustainability planning for 2024-25.

## 3.0 SYSTEM STRATEGY AND PLANNING

The refreshed 2023 **ICS strategy**, approved in March 2023, describes six strategic ambitions: Living Well; Starting Well; People, Places and Communities; Outstanding Use of Resources; Our People; Leadership and Culture.

Work ongoing to reduce health inequalities as described in the strategy includes:

- Fuel poverty: having identified 56,000 individuals at risk through shared care records, health, LA and housing partners are collaborating to provide support before winter.
- Digital Health Management Programme: Focusing on specific ethnic groups, deprived communities, younger age group, and men – this work is aimed at improving weight management intervention.
- Smoking cessation: support for in-house inpatient and maternity patients.
- NHS health checks targeting individuals between 40 and 74 years old to identify early signs of health problems like high blood pressure and Community Hypertension Pilots.
- Multi-agency work in north east Hampshire and Farnham, and Slough, to understand challenges faced by residents

The system's **NHS Joint Forward Plan** (JFP), approved in June, will be refreshed on an annual basis, commencing Q3 each year, for a rolling five-year period. The JFP describes how the NHS will work in partnership to meet the system's strategic objectives. It sets out:

- Service transformation priorities for our population
- System development plans – including provider collaborative and place development
- A multi-year workforce strategy
- Resource plans (finance, estates, digital, procurement and innovation)

The Frimley ICS 2023/24 **Operational Plan** sets out the detailed plans for how the partnership will achieve its priorities in the first year of implementation of the JFP.

## 4.0 SYSTEM PERFORMANCE & TRANSFORMATION

**4.1 Urgent and planned care** - The focus for UEC work is on the local provision for access for patients and improvements in discharge including reducing MFFDs. **Diagnostics** transformation progress continues, including discussions under way to evolve an endoscopy network across Frimley, Surrey and Sussex; CDC activity in Heatherwood Hospital is now delivering for all modalities and echo activity; the Slough CDC project is progressing well; and Southern imaging spoke funding has been agreed. Notable developments in **cancer** include the commencement of the prostate health check project with the first patients in Slough now feeding through, planning for liver surveillance service started, with funding agreed, and good progress with the lung cancer screening programme roll out from Slough to other localities.

**4.2 Primary care** - Primary care continues to be under significant pressure as patient demand is not abating, with a circa 30% increase in contacts since before the pandemic. For 2023/24, the focus is on access with a comprehensive programme of activities to improve patient access and experience of services, to tackle the 8am rush. Actions are at both Primary Care Network and practice level, with targeted support for the practices with the biggest challenges. From August to November, the focus will be on:

- Continuing the implementation of the Delivery Plan for Primary Care Recovery
- Developing plans for winter surge and resilience
- ICB/FHFT joint working on plans for Minor Illness and Minor Injury services
- Moving the ICB Fairer Funding for Primary Care programme from theory to implementation, to support practices to tackle health inequalities.

**4.3 Children and Young People (CYP)** - The CYP strategy brings together health and social care partners to work across five key areas - SEND, Early Years, Mental Health, Neurodiversity and Life Long conditions. Funding has been secured to develop a comprehensive psychiatric liaison service for children in FPH. FHFT colleagues have also been involved in the development of the systems Youth Board, in partnership with Barnardo's, and also developing a new apprenticeship role to support youth engagement. Other notable developments include the recruitment of a lead Asthma Nurse supporting the roll out of the Asthma bundle; the work of the urgent and emergency care CYP group focussing on winter plans; and work with the Planned Care portfolio to review and support elective recovery for CYP.

**4.4 Mental Health (MH)** - Provision remains an ongoing challenge, particularly within the FPH site, primarily due to delays for patients presenting to ED in acute mental health crisis, requiring admission to SABP beds (including a 6-day wait for PICU). Executive escalations have supported recent issues. Meanwhile, workstreams underway include front door triage of MH patients within ED, increased MH Safe Haven provision to divert from ED and acute admission, and an Enhanced Care Team providing therapeutic support during acute admission. Additional services are also in development, eg: the above-mentioned Paediatric Liaison Service, launching December 2023, in-house MH Care Assistant role via bank to replace costly agency cover, and work with RSCH and SABP to develop MH escalation policy for bed requests and timely transfer of care.



# Performance Report

September 2023



# Contents

This report includes data over time to allow comparison with historic performance.

The targets, actuals and exception reports relate to the reporting month July 2023 for the financial year 2023/2024

There are missing elements in this report to reflect our externally agreed position that we will not report formally while we embed the use of our new EPR. A detailed update on reporting is provided to the Board separately.

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Trust performance at a glance	
<b>Finance</b> Net / Surplus Deficit Actual £-5.3m Variance -3.0m	<b>Patients</b> HSMR = 97.3
	<b>People</b> Vacancy rate = 12.7%

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

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

Metric	Actual (month)	Plan (month)	Actual (YTD)	Target (Year end)	Variation	Assurance	Run chart or SPC chart
Patients still receiving IV antibiotics past the point at which they meet switching criteria (%)	25%	TBC	N/A	≤40%		Insufficient data to create an SPC chart	
Trust and confidence in Doctors (Patient Experience tracker)	87%	90%	89%	≤93%		Insufficient data to create an SPC chart	
Trust and confidence in Nurses (Patient Experience tracker)	89%	90%	93%	≥92%		Insufficient data to create an SPC chart	

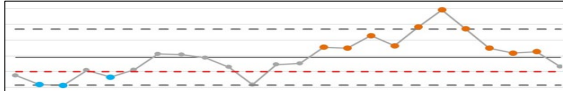

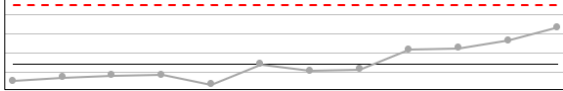
## Supporting our People - to be in the top 10 best Trusts to work for in the next 5 years

Metric	Actual (month)	Plan (month)	Actual (YTD)	Target (Year end)	Variation	Assurance	Run chart or SPC chart
Monthly vacancy rate	12.7%	11.9%	12.5%	≤9%	H	F	
Time to hire	74	68	73.6	≤40	-	F	
Agency spend	£2.70m	£3.25m	N/A	≤£1.8m (per month)	-	F	
Trust turnover rate	12.8%	14.5%	13.4%	≤12%	L	F	
Staff recommending FHFT as a place to work (%)	56.8%	62%	56.8%	≥64%		Insufficient data to create an SPC chart	

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

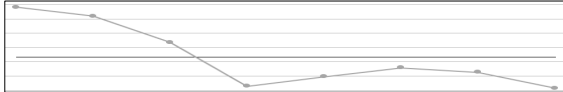

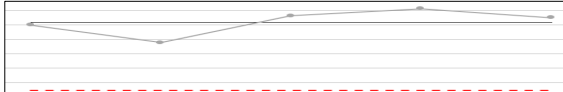
# Strategy scorecard – key indicators at a glance (SPC Key in Appendix)

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

Metric	Actual (month)	Plan (month)	Actual (YTD)	Target (Year end)	Variation	Assurance	Run chart or SPC chart
Number of MFFD (monthly average number of MFFD per day)	156.2	191	171.3	≤150*	-	?	
Non-Elective Length of Stay – average acute length of stay (days)	5.97	6.9	6.26	≤6.6	Insufficient data to create an SPC chart		
ED patients admitted/discharged within 4 hours (%)	63.2%	60%	56.1%	≥76%	Insufficient data to create an SPC chart		

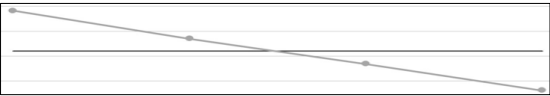
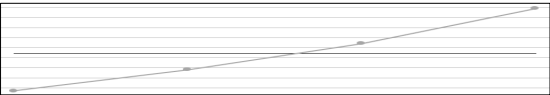
\* NOTE – there is a stretch target for MFFD to reach 100 by March 2024

## Transforming our Services – to provide consistently excellent care as “One Frimley Health”

Metric	Actual (month)	Plan (month)	Actual (YTD)	Target (Year end)	Variation	Assurance	Run chart or SPC chart
Number of patients waiting 65 weeks or more for treatment	980	116	N/A	0	Insufficient data to create an SPC chart		
Theatre utilisation					Insufficient data to create an SPC chart		Data to be available in September when national reporting is resumed
Day case rate (%)	87.2%	TBC	86.4%	TBC	Insufficient data to create an SPC chart		
Outpatient follow-up attendances	52,491	36,735	N/A	27,343	Insufficient data to create an SPC chart		
Patients on a PIFU pathway					Insufficient data to create an SPC chart		Data to be available in September when fully validated by operational teams

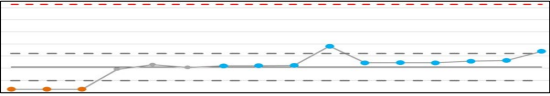
# Strategy scorecard – key indicators at a glance (SPC Key in Appendix)

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

Metric	Actual (month)	Plan (month)	Actual (YTD)	Target (Year end)	Variation	Assurance	SPC chart
Delivery of the 2023-24 Financial Plan	-£21.9m	-£13.9m	-£21.9m	£0m	Insufficient data to create an SPC chart		
Achieve Efficiency target	£9.9m	£9.7m	£9.9m	≥£33.3m	Insufficient data to create an SPC chart		

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

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

Metric	Actual (month)	Plan (month)	Actual (YTD)	Target (Year end)	Variation	Assurance	SPC chart
Value of financial benefits attributed to Epic (£)	£677,515	£1.428m	£2.209m	≥£17.4m	H	F	

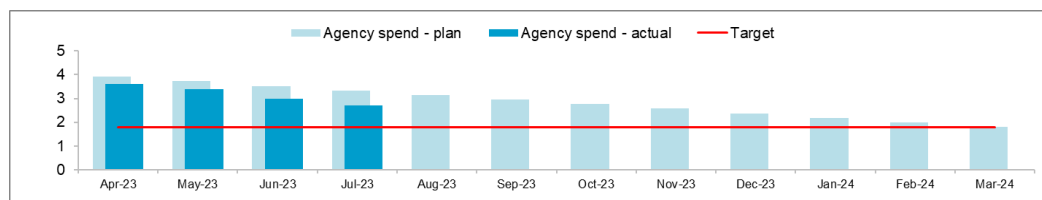
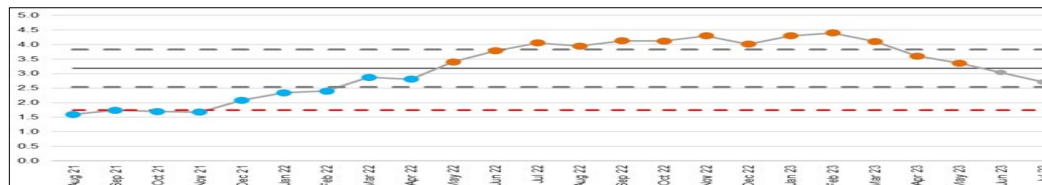
**NOTE** – further digital metrics to be designed in line with EPIC optimisation planning



# Agency spend – exception report

Executive Lead	Matt Joint
Delivery Lead	Nick Foxwell/ David Hewlett
Period covered	April 2023-March 2024

Objective	To return agency spend to target levels
Target (monthly)	£1.8m per month
Current status	<div> <div>-</div> <div>F</div> </div> Performance is within expected limits but the target will not be met without a change in process.
Delivery status (for period overall)	



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Agency spend - plan	3.9	3.7	3.5	3.3	3.1	3.0	2.8	2.6	2.4	2.2	2.0	1.8
Agency spend - actual	3.6	3.4	3.0	2.7								

**Aim** – to reduce agency spend to at or below target

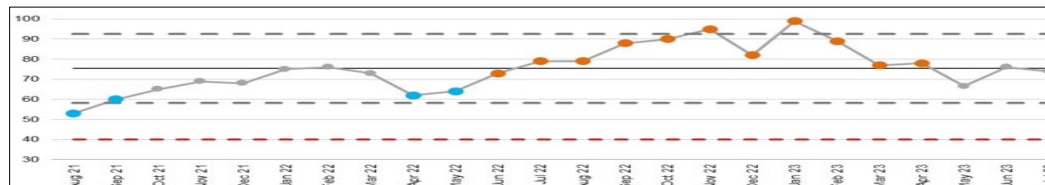
## Update for the month

Achievements	<ul style="list-style-type: none"> <li>Appointment of ID Medical to reduce Agency Spend across Nursing, Midwifery, AHP's and Medics</li> <li>Trust wide Stakeholder meetings and engagements scheduled</li> <li>Programmes plans developed for Nursing, Midwifery and Medics</li> <li>E-Rostering to start across Medics</li> </ul>		
Challenges	<ul style="list-style-type: none"> <li>Team structures and escalation routes not clearly defined</li> </ul>		
Action plan	<ul style="list-style-type: none"> <li>Programme Plan developed for agency reduction across nursing and midwifery</li> <li>Programme Plan developed for agency reduction across Medics</li> <li>Agreement for E Rostering programme plan development and implementation</li> </ul>	<ul style="list-style-type: none"> <li>Nick Foxwell/David Hewlett/Douline Schoeman</li> <li>Nick Foxwell/David Hewlett/Douline Schoeman</li> <li>Nick Foxwell/David Hewlett/Douline Schoeman</li> </ul>	15/06/23 30/06/23 15/07/23
Risks and mitigation	<ul style="list-style-type: none"> <li>Medics accepting and adhering to E Rostering</li> <li>Existing culture across Medics to accept reduction in the use of Agency staff</li> </ul>		

# Time to hire – exception report

Executive Lead	Matt Joint
Delivery Lead	Nick Foxwell/David Hewlett
Period covered	April 2023-March 2024

Objective	To return time to hire to target levels
Target (monthly)	40 days
Current status	<div> <div>-</div> <div>F</div> </div> Performance is within expected limits but the target will not be met without a change in process.
Delivery status (for period overall)	



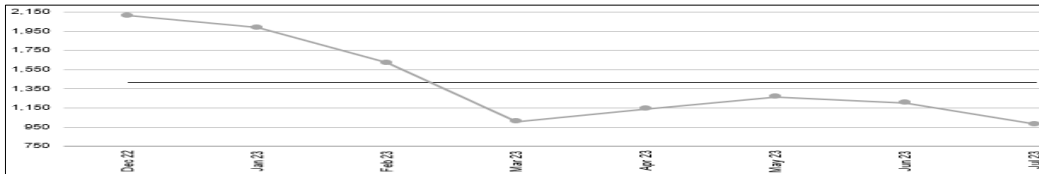
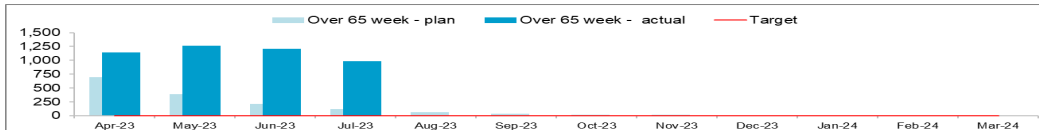
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Time to hire - plan	73.9	70.8	67.8	64.7	61.6	58.5	55.4	52.3	49.3	46.2	43.1	40.0
Time to hire - actual	78	66.5	76.0	74.0								

**Aim** – to reduce time to hire to at or below target

## Update for the month

Achievements	<ul style="list-style-type: none"> <li>Time to hire has decreased from 99.8 in January 2023 to 66.5 in May however due to a national outage of our applicant tracking system in June, our Time to Hire (TTH) increased to 76 days in June and 74 days in July however has decreased to 67 days in August.</li> </ul>		
Challenges	<ul style="list-style-type: none"> <li>Under resourced recruitment team</li> <li>Volume currently going through the team – 284 live vacancies, 848 new colleagues going through pre- employment checks</li> </ul>		
Action plan	<ul style="list-style-type: none"> <li>Design a managers handbook and training package with SLA's included to enhance user awareness</li> <li>Daily set up meetings with individual teams to identify and focus on pressure points with timetable in place to ensure grip and control. Implemented May 23 with improvements identified following implementation.</li> </ul>	<ul style="list-style-type: none"> <li>Hannah Wilson</li> <li>Hannah Wilson, Sarah Rae</li> </ul>	1/09/23  On going
Risks and mitigation	<ul style="list-style-type: none"> <li>Volumes levels remain high however through daily monitoring to prioritise work the teams can ensure we remain on a downward trajectory now that we are back on track after the National outage in June.</li> </ul>		

# Number of 65 week waits – exception report


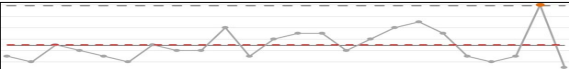
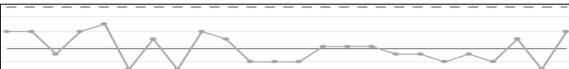
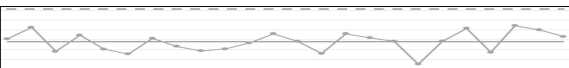



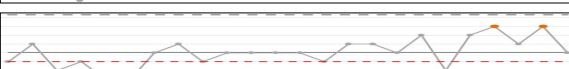
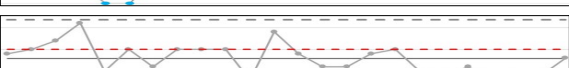




Executive Lead	Caroline Hutton																																							
Delivery Lead	Alex Stamp																																							
Period covered	April 2023-March 2024																																							
Objective	To reduce the number of people waiting over 65 weeks to zero by March 2024																																							
Current status (will be populated by Informatics based on SPC analysis)	<div><div></div><div></div></div> Insufficient continuous data for SPC analysis																																							
Delivery status (for period overall)																																								
	<table><tr><th></th><th>Apr-23</th><th>May-23</th><th>Jun-23</th><th>Jul-23</th><th>Aug-23</th><th>Sep-23</th><th>Oct-23</th><th>Nov-23</th><th>Dec-23</th><th>Jan-24</th><th>Feb-24</th><th>Mar-24</th></tr><tr><td>Over 65 week - plan</td><td>695</td><td>383</td><td>210</td><td>116</td><td>64</td><td>35</td><td>19</td><td>11</td><td>6</td><td>3</td><td>2</td><td>0</td></tr><tr><td>Over 65 week - actual</td><td>1142</td><td>1264</td><td>1203</td><td>980</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Over 65 week - plan	695	383	210	116	64	35	19	11	6	3	2	0	Over 65 week - actual	1142	1264	1203	980							
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24																												
Over 65 week - plan	695	383	210	116	64	35	19	11	6	3	2	0																												
Over 65 week - actual	1142	1264	1203	980																																				

## Aim – To reduce the number of people waiting over 65 weeks to zero by March 2024

### Update for the month

Achievements	<ul style="list-style-type: none"> <li>Continued reduction of patients waiting over 65 weeks for treatment on an RTT pathway.</li> <li>High level of bookings for long-waiting patients compared to regional peers.</li> </ul>		
Challenges	<ul style="list-style-type: none"> <li>Industrial impact and reduction in PTL.</li> <li>Impact of UEC pressures on elective pathways.</li> <li>Patient choice delays mean patients are opting to delay their treatment past the 65-week threshold.</li> </ul>		
Action plan	<ul style="list-style-type: none"> <li>Continued monitoring of patients waiting over 65 week who will breach by end of March 2024.</li> <li>Prioritisation of long-waiting admitted cases.</li> <li>Focus on Outpatients with aim to reduce non-admitted waits over winter if UEC pressure expedites.</li> </ul>	<ul style="list-style-type: none"> <li>Alex Stamp</li> <li>Theatres</li> <li>Directorates</li> </ul>	Ongoing Ongoing November 2023
Risks and mitigation	<ul style="list-style-type: none"> <li>Patient choice will stop patients accepting dates– being monitored by RTT team.</li> <li>UEC pressures will affect elective capacity – ongoing monitoring via operational huddles.</li> <li>Industrial action impacts performance – close monitoring and prioritisation of long-waiters</li> </ul>		

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

Improving Quality for Patients						
Metric	Current month	YTD	Target / concern threshold	Variation	Assurance	Run chart or SPC chart
MRSA~	1	1	0	–	?	
C-Diff~	1	18	≤4.6 (55 per year)	–		
MSSA~	6	14	TBC+	–		
EColi~	33.21	TBC	TBC+	–		
Never Events~	0	1	0	–		
Number of Falls	234	938	≤200	–		
Number of Falls (per 1,000 bed days)	5.44	5.45	TBC+	–		
Number of Falls resulting in serious injury (May 2023)*~	3	9	≤2	–		
Number of Serious Incidents	8	19	≤10	–		
Pressure ulcers – hospital acquired (category 2) – June 2023	61	188	N/A	–		
Pressure ulcers – hospital acquired (category 3) – June 2023	3	8	TBC	–		
Pressure ulcers – hospital acquired (category 4) – June 2023	1	2	0	–		
Pressure ulcer rate – (per 1,000 bed days; category 2,3 and 4) – June 2023	1.52	1.53	TBC+	Insufficient data to create an SPC chart		

\* - data is one month in arrears; ~ - numbers are too low to calculate valid SPC assurance; + = target to be reviewed now national data is available / data is flowing from Epic

Please note – MSA data has not been validated so may be subject to change

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

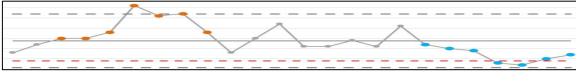
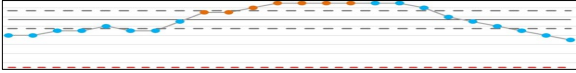
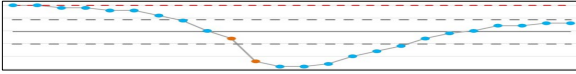
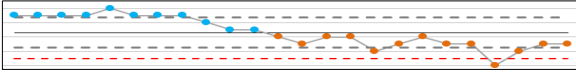
## Improving Quality for Patients

Metric	Current month	YTD	Target / concern threshold	Variation	Assurance	SPC chart
Maternity – Number of Serious Incidents~+	1	3	≤3	-		
Maternity – Midwife to birth ratio	1.26	1.26	≤1.25	-	?	
Maternity – Number of complaints received	0	17	TBC	-		
Sepsis screening			≥90%			Subject to the successful rollout of the working Sepsis tool in July 2023
Sepsis – antibiotics within one hour where clinically required			≥90%			Subject to the successful rollout of the working Sepsis tool in July 2023
Mixed Sex Accommodation Breaches	15	44	0	-	?	
Patient FFT	96%	96%	≥95%	H	?	
Complaint response time (40 day) – May 2023	-	-	>=85%	Insufficient continuous data for SPC analysis		
Complaint response time (60 day) – April 2023	40.0%	40.0%	>=85%	L	?	
Calls answered within 2 minutes by call centre	73%	N/A	≥80%	H	F	
Average time taken to answer calls	1m52s	N/A	≤2m0s	Insufficient data to create an SPC chart		
Call abandonment rate	10%	N/A	≤8%	L	F	

\* - data is one month in arrears; ~ - numbers are too low to calculate valid SPC assurance; + HSIB cases have been included as a Maternity SI since April 2021

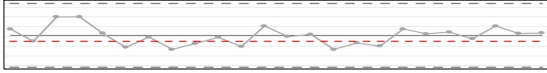
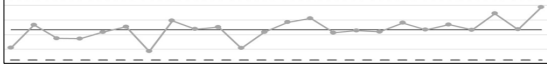

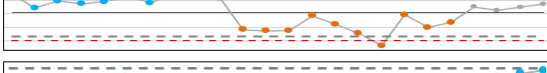
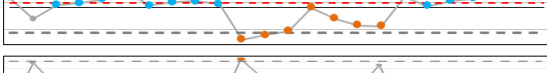



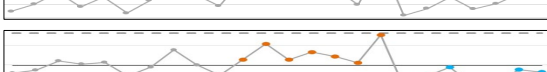
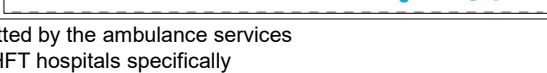
\*\* – call centre data from September 2022 has been updated to include all call centres, not just Albany Park.

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

Supporting our People						
Metric	Current month	YTD	Target / concern threshold	Variation	Assurance	SPC chart
Sickness rate (monthly)	3.2%	2.9%	$\leq 2.9\%$	L	?	
Sickness rate (rolling 12 month)	3.5%	3.7%	$\leq 2.9\%$	L	F	
Appraisal rate %	73%	73%	$\geq 80\%$	H	F	
MAST training %	87%	86%	$\geq 85\%$	L	P	

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

## Collaborating with our Partners

Metric	Current month	YTD	Target / concern threshold	Variation	Assurance	SPC chart
Community services – 2 hour response	83.5%	84.1%	≥75%	-	?	
Community services – caseload discharges	1,474	5,197	TBC	-		
Community services – emergency readmissions within 30 days following discharge from a community ward	29	150	TBC			
Ambulance handovers – % within 15 minutes	78.6%	77.5%	≥65%	-	P	
Ambulance handovers – % within 30 minutes	98.4%	97.6%	≥95%	H	?	
Ambulance handovers – number over 60 minutes	3	33	0	L	?	
Category 1 mean response time (SCAS)*	9m18s	N/A	TBC	-		
Category 1 mean response time (SECAMB)*	8m51s	N/A	TBC	-		
Category 2 mean response time (SCAS)*	33m10s	N/A	TBC	-		
Category 2 mean response time (SECAMB)*	30m05s	N/A	TBC	L		

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

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

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

## Transforming our Services

Metric	Current month	YTD	Target / concern threshold	Variation	Assurance	SPC chart
Cancer – Urgent Cancer PTL (proportion of waiting list past 62 days)	5.8%	N/A	≤6.4%		Insufficient data to create an SPC chart	
Cancer - 28 day faster diagnosis (%) – June 2023+	74.9%	N/A	≥75%	L	?	
Diagnostics (% waiting 6 weeks or more)	57.4%	N/A	≤1.0%		Insufficient continuous data for SPC analysis	
Stroke – percentage admitted within 4 hours	53.3%	62.2%	≥80%	-	F	
Number of patients waiting 52 weeks or more for treatment	4,521	N/A	≤807		Insufficient continuous data for SPC analysis	
RTT waiting list size (PTL)	83,166	N/A	TBC		Insufficient continuous data for SPC analysis	
OPD cancellation rate (hospital initiated)						Data to be available in September when fully validated by operational teams
OPD cancellation rate (patient initiated)						Data to be available in September when fully validated by operational teams
On day cancelled operations (non-clinical) (% of electives)						The date for this metric is dependent on Epic cancellation workflow being in place
Cancelled patients admitted within 28 days (%)						Subject to an operational workflow and Epic EPR build
Outpatient DNA rate (%)	8.8%	8.8%			Insufficient data to create an SPC chart	
Outpatient consultant-led new to follow-up ratio	1.16	1.09			Insufficient data to create an SPC chart	

\* Data reported from Somerset

+ - data one month in arrears



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

## Transforming our Services

Metric	Current month	YTD	Target / concern threshold	Variation	Assurance	SPC chart
Inpatient bed days used by children with mental health problems (where no acute paediatric care is provided)						To be available September/October once script validated
Number of children on priority 2 and 3 lists awaiting surgery	338	N/A	TBC	Insufficient data to create an SPC chart		

## Making our Money Work

Metric	Current month	YTD	Target / concern threshold	Variation	Assurance	SPC chart
Charitable funds received	£120K	£474K	TBC	—		
Charitable funds spent	£116K	£649K	TBC	—		

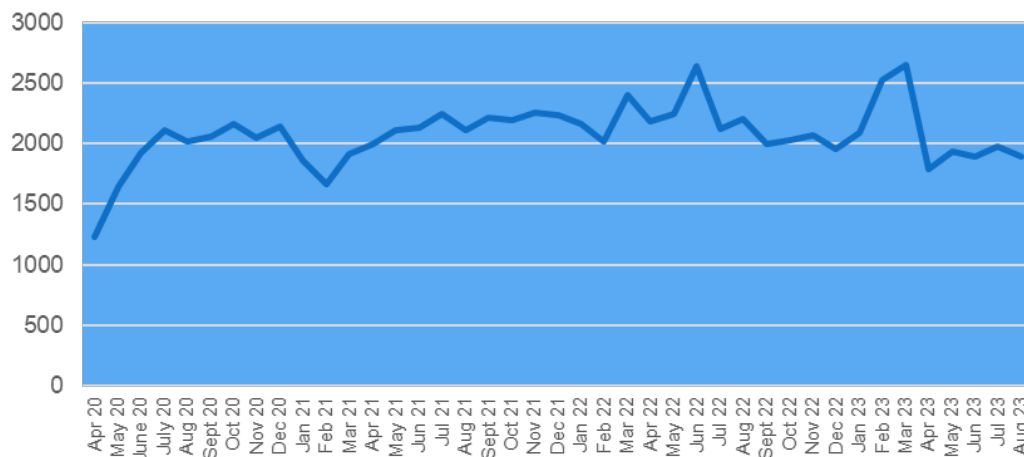
\* An exception report has not been produced for Charitable Funds as more detailed financial commentary is available elsewhere in the Board papers

## Advancing our Digital Capability

Metric	Current month	YTD	Target / concern threshold	Variation	Assurance	SPC chart
Outpatient attendances with no procedure seen virtually	26.8%	25.8%		Insufficient data to create an SPC chart		

# Serious Incidents – as at end August 2023

Total number of incidents (including no harm events) reported by month April 2020 to August 2023

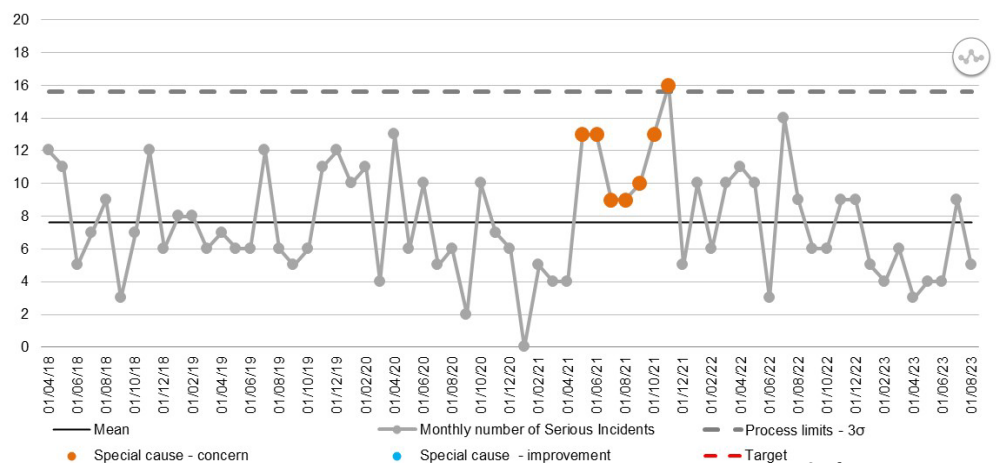


Month	Total Incidents Reported	Number of SI's
June 2023	1891	4
July 2023	1980	9
August 2023	1891	3

## SI Categories for June – August 2023

- 3 diagnostic incident
  - 2 Maternity incidents
  - 2 treatment delay
  - 2 Infection related including one environmental
  - 2 deteriorating patient
  - 2 VTE related
  - 2 Surgical/Invasive procedures
  - 1 related to a fire on the premises
- 
- 16 serious incidents have been reported during the timeframe of this report, 1<sup>st</sup> June to 31<sup>st</sup> August 2023
  - Patient Safety Incident Response Framework plan in progress
  - New risk management system Inphase implementation plan on track but requiring intensive resource in conjunction with the Trust's Digital Project manager. To be implemented by the end of quarter 3.

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



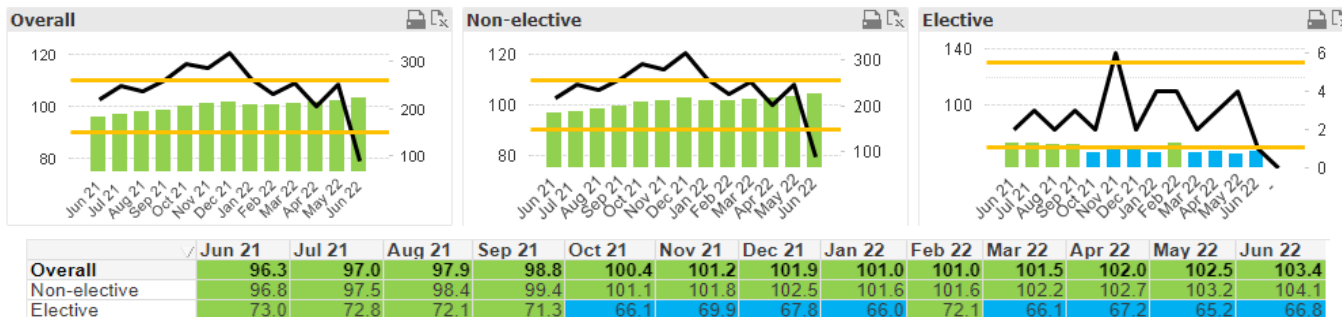
50 of 77

# Mortality report

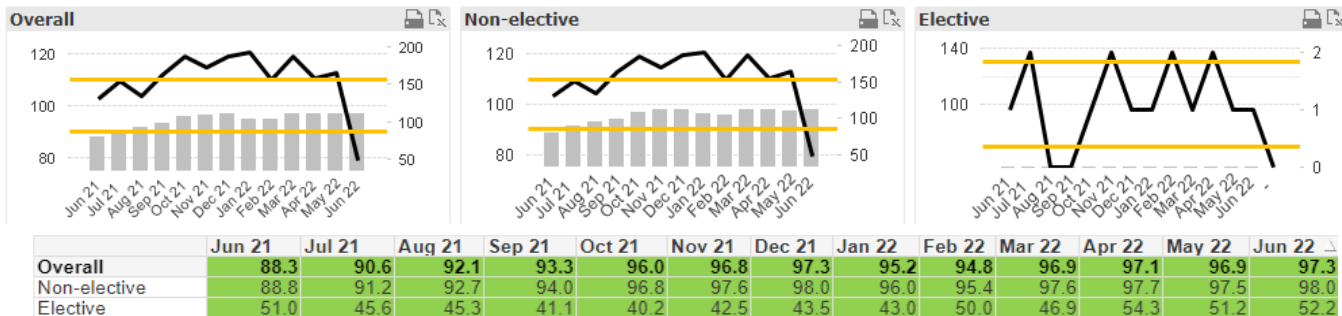
	20/21	21/22	Jul-23	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul-23	YTD
Number of inpatient deaths	3172	2714	230	225	210	249	240	342	279	244	266	240	235	203	201	879
Total deaths screened (including < 30 days post-discharge)	4105	3489	297	292	273	310	308	423	371	343	376	365	360	299	301	1325
Cases sent for review	316	303	19	20	18	39	14	17	23	20	24	13	22	21	44	100
Deeper reviews completed+	315	275	15	16	14	24	3	7	2	11	10					
Total number of deaths judged > 50% likely to be due to problems with care	9	4	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Number of deaths of patients with a Learning Disability	27	18	2	1	0	1	2	1	2	4	4	3	3	1	1	8
Total number of deaths of patients with LD judged > 50% likely to be due to problems with care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

## Summary hospital-level mortality indicator (SHMI)



## Hospital Standardized Mortality Ratio (HSMR)



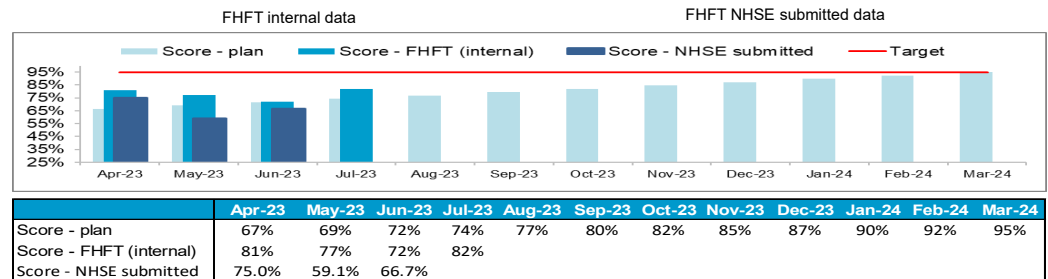
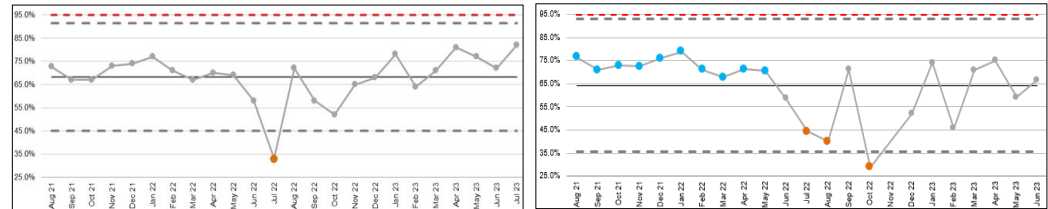
KEY: Higher than expected Within expected range Lower than expected Insufficient data

— Range (confidence intervals) 51 of 77 — Deaths

# ED Friends and Family Test score – exception report

Executive Lead	Lorna Wilkinson
Delivery Lead	Lisa Buckingham and Angela Ballard
Period covered	April 2023-March 2024

Objective	To support the target of moving the Trust's position into the Top 10 in the national rankings
Target (monthly)	
Current status	<div style="display: flex; align-items: center;"> <div style="background-color: orange; color: white; padding: 2px 5px; margin-right: 5px;">F</div> <div>Performance is within expected limits but the target will not be met without a change in process.</div> </div>
Delivery status (for period overall)	



## Aim - Patient Friends and Family score will return to target

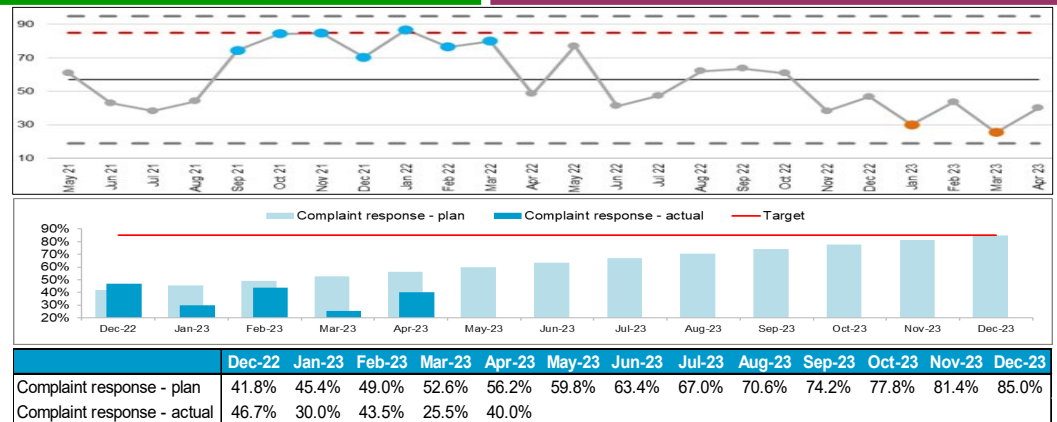
### Update for the month

Achievements	<ul style="list-style-type: none"> <li>In the continued absence of the ability to collect FFT feedback by SMS the P/X Team is continuing to work in partnership with ED Teams to increase feedback. The local teams have put a lot of effort into increasing the volume of responses and the trend is upwards month on month from the beginning of this calendar year. In July 2023 611 responses were recorded for ED. Over the last 12 months the direction of travel of the "Would Recommend" score trendline has been positive.</li> </ul>		
Challenges	<ul style="list-style-type: none"> <li>Previously mentioned and ongoing: Inability to collect FFT by SMS – see also "Risks and Mitigation" below</li> </ul>		
Action plan	<ul style="list-style-type: none"> <li>Action plan includes reducing waiting times and providing alternative options for patients including emergency clinics, GP service and SDEC facilities. Communicating with patients throughout their wait has been a focus for improvement as well as improving the environment (seating, cleanliness, heating) and access to food and drink. This action plan is reviewed through Patient Experience Forum.</li> </ul>	Nick Payne, Angela Ballard	Ongoing
Risks and mitigation	<ul style="list-style-type: none"> <li>The current low response volumes and associated 'volatility' of scores (which <b>*must not*</b> be seen as significant – they can barely even be seen as indicative) – will remain an issue until the issue of feedback collection is resolved. The patient and experience and ED teams have not been provided with a timeline as to when we expect to re-establish the SMS capability. This is escalated for a timescale through the EPR governance route. The ED teams continue to promote the use of paper cards. Patient Experience team monitoring unsolicited feedback via internet platforms and social media to supplement FFT data and build picture of opinions and sentiment.</li> <li>The difference between the Trust's internal data and the data submitted to, and published by, NHSE is a result of the late submission / processing of survey cards. Historically responses returned in e.g. July but relating to care received in e.g. March were allocated to March with the result that data (scores &amp; volumes) for months for which the FFT scores had already been submitted/published changed. To mitigate this from Aug 2023 all cards submitted in a given month will be allocated to that month – regardless of the month the feedback relates to.</li> </ul>		

# Complaints – 60 day response rate – exception report

Executive Lead	Lorna Wilkinson
Delivery Lead	Maxine McVey
Period covered	April 2023-March 2024

Objective	To achieve the 60 day response rate by December 2023
Current status	- ?
Delivery status (for period overall)	Behind trajectory by 5.5 %



**Aim –** The Trust aims to respond to less complex formal complaints in 40 working days. A 60 day target has been agreed for more complex complaints, those that cross providers or where care was delivered by multiple specialties. We continue to focus on complex complaints that have included an incident/allegation that also needs to be considered under the patient safety, coroners, safeguarding processes also. This ensures complex complaints are investigated appropriately. Whilst there is no defined response target nationally for timescales, we have set a threshold of 85% for our 40 and 60 day complaints. We upload response data monthly and the achievement against target is reported in the Quality & Performance Report.

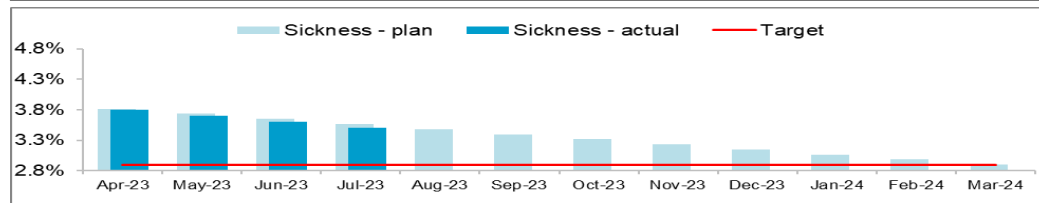
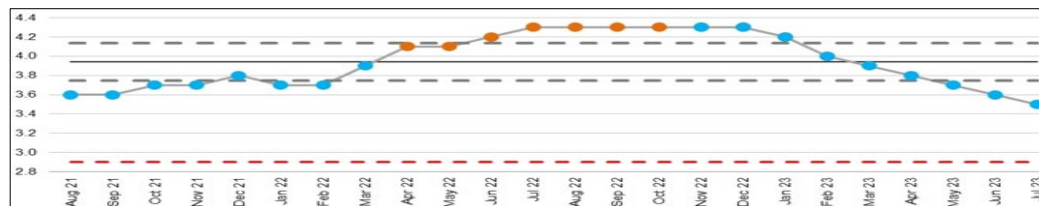
## Update for the month

Achievements	Since September the complaint team has been challenged with vacancies so achieving a response rate of 85% has proven challenging. Other areas of the organisation have also had challenges with workload and the doctors strikes which has impacted their ability to respond. Our action plan outlines our focus through Q1 and beyond to refocus on this target. We continue to have minimal referrals to the Ombudsman with our commitment to local resolution.		
Challenges	Challenges include embedding the new leadership structure, vacancies in the complaint team and not receiving a full/detailed response from the specialty and continued chasing of responses which was noted in the complaints audit. The quality of the responses has an impact on the Exec sign off process.		
Action plan	<ul style="list-style-type: none"> <li>Continue with weekly trackers to the directorate senior lead/ Heads of Nursing/Midwifery</li> <li>Continue to review every complaint that misses the response timescale. Complaint leads on sites to track</li> <li>Recruit to existing vacancies</li> <li>New complaint framework assessment being completed and actions planned. Targeted training for new team</li> <li>New team work with Frimley Excellence to explore how the specialties can improve their local processes for investigating and responding in a timely way, alongside taking the learning forward locally from complaints. Actions to also be agreed on steps needed to improve and streamline the overall complaints process</li> <li>We have in place regular meetings with our Cross site Medicine colleagues as the largest directorate.</li> <li>Define process and set timescales for escalation to Deputy Medical Directors to support chasing delayed responses from the Chiefs of Service/specialties.</li> </ul>	<ul style="list-style-type: none"> <li>Trust Complaints Lead</li> <li>Trust complaint Leads</li> <li>Trust complaints lead July</li> <li>Trust complaint lead November</li> <li>August</li> </ul>	Weekly CW/JG/JD CW CW/LB  MM/LB/CW
Risks and mitigation	Failure to meet target response deadlines risks Trust reputation. Actions already in place and ongoing with continual monitoring to avoid “backlog”		Trust Complaints Lead

# Sickness – rolling 12 months rate – exception report

Executive Lead	Matt Joint
Delivery Lead	Michael Ellis / Robert Shuttleworth
Period covered	April 2023-March 2024

Objective	To return sickness to target levels
Target (monthly)	2.9%
Current status	<div> <div>L</div> <div>F</div> </div> Performance is unusually low but the target will not be met without a change in process.
Delivery status (for period overall)	



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Sickness - plan	3.8%	3.7%	3.7%	3.6%	3.5%	3.4%	3.3%	3.2%	3.2%	3.1%	3.0%	2.9%
Sickness - actual	3.8%	3.7%	3.6%	3.5%								

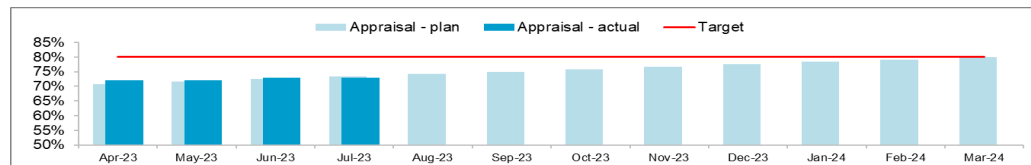
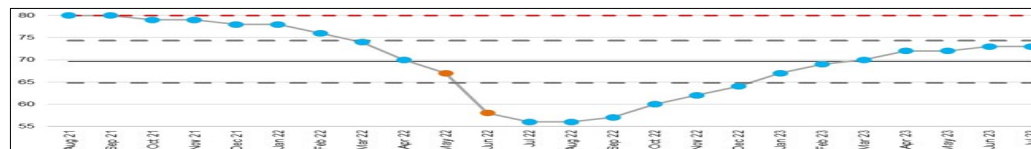
**Aim** – to reduce staff sickness absence rates to at or below target  
**Update for the month**

Achievements	<ul style="list-style-type: none"> <li>Absence continues to drop with the seasonal absence of Cold and flu symptoms now passed. Absence is currently down to 3.5%</li> </ul>		
Challenges	<ul style="list-style-type: none"> <li>On the back of Covid we have seen greater absence record management Absence % will continue to remain higher than the standard rate for the trust until at least March and cold and flu season has passed.</li> <li>Covid does still pose a risk and is being monitored</li> </ul>		
Action plan	<ul style="list-style-type: none"> <li>HR continue to support manager and departments with absence management inline with Trust policy</li> <li>The Flu Vaccination Programme is set to relaunch in September this will provide an opportunity for employees to obtain their Flu and Covid vaccinations</li> </ul>	Matt Joint	Ongoing Sep 23 - Feb 24
Risks and mitigation	<ul style="list-style-type: none"> <li>Covid Absence is now categorised as a standard absence and is counted as an employee absence trigger</li> <li>NHS E have communicated with organisation that they are predicting a surge with Flu and Covid sickness which is likely to have an impact on staffing levels. Work is underway to review the predictions and the impact it will have on staffing during the winter period</li> </ul>		

# Non-medical appraisal – exception report

Executive Lead	Matt Joint
Delivery Lead	Claire Quinn / Robert Shuttleworth
Period covered	April 2023-March 2024

Objective	Appraisal compliance rate of 80%
Current status (will be populated by Informatics based on SPC analysis)	<div style="display: flex; align-items: center;"> <div style="background-color: #0070C0; color: white; padding: 2px 5px; margin-right: 5px;">H</div> <div style="background-color: #FF9900; color: white; padding: 2px 5px; margin-right: 5px;">F</div> <div>Performance is unusually high but the target will not be met without a change in process.</div> </div>
Delivery status (for period overall)	



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Appraisal - plan	71%	72%	73%	73%	74%	75%	76%	77%	78%	78%	79%	80%
Appraisal - actual	72%	72%	73%	73%								

**Aim** – 80% of non-medical staff have had an appraisal with their line manager in the past 12 months

## Update for the month

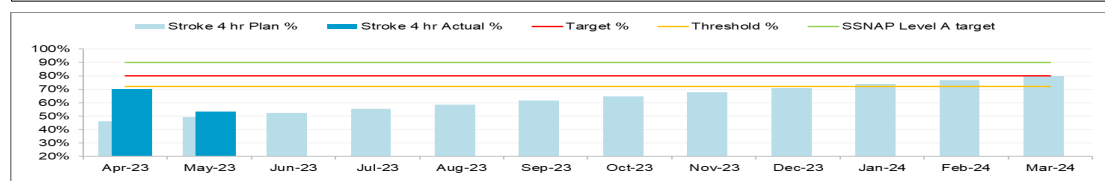
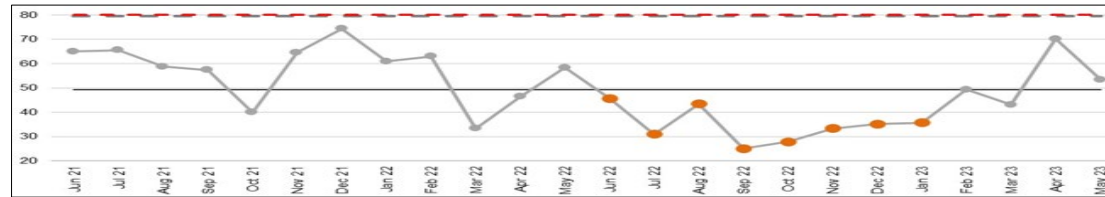
Achievements	<ul style="list-style-type: none"> <li>Current Appraisal Rate of 73% (July 23) has Increased from 56% (August 22) in 12 months.</li> <li>NSS 22 appraisal included in 3 of the 'top 5 scores' and 'most improved scores' – all relating to quality and impact of appraisal</li> <li>NSS 22 'received an appraisal in the last 12 months' in bottom 5 scores and 'most declined scores'</li> <li>HR Resourcing Team have begun a small scale PDSA to test the 'team objectives' countermeasure</li> <li>Audit of complains about tracker resulted in clarity re. human error at the point of inputting. Feedback and support provided</li> </ul>		
Challenges	<ul style="list-style-type: none"> <li>July 23 SLC approved recommendations set out in a March 23 paper for Appraisal Review improvement programme but these have not been action yet due to CLP, EDI, NQPS, NSS and MEP being prioritised since approval.</li> <li>Staffing pressures as a result of ongoing levels of absence and turnover have resulted in staff prioritising patient care</li> <li>Appropriate flexing of priorities i.e. all hands on clinical cover, 'Every Day Matters' renders objective setting as difficult/inconsistent for frontline staff</li> <li>Appraisal training routinely cancelled through Q1 due to operational pressures and compromised due to absence in OD team effecting delivery</li> <li>Visibility of appraisal compliance via bi-monthly reports and MaST system does not result in accountability for completion rates</li> <li>Appraisal season (12 weeks April – June) logistically equates to 13,000 eligible staff over 12 weeks = releasing 45 x 12 hour shifts per day or 72 x 7.5 hour shifts per day during April – June</li> </ul>		
Action plan	<ul style="list-style-type: none"> <li>Culture and Leadership programme to be launched</li> <li>MEP inc. appraisal training currently being reviewed</li> </ul>	<ul style="list-style-type: none"> <li>Claire Quinn</li> <li>Jason Kehoe</li> </ul>	29/09/23
Risks and mitigation	<ul style="list-style-type: none"> <li>Appraisal rates will continue to decline with negative impact on staff engagement</li> <li>Medical appraisals do not include performance objectives aligned with business plan</li> </ul>		



# Stroke Unit – 4hr direct admission – exception report

Executive Lead	Caroline Hutton
Delivery Lead	Alisa Hutchings/Tammy Erod
Period covered	April 2023-March 2024

Objective	People with suspected acute stroke should be admitted directly to a hyper acute stroke unit (HASU) within 4 hours
Target (monthly)	>=80%
Current status	<div style="display: flex; align-items: center;"> <div style="background-color: orange; color: white; padding: 2px 5px; margin-right: 5px;">F</div> <div>Performance is within expected limits but the target will not be met without a change in process</div> </div>
Delivery status (for period overall)	Below target



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Stroke 4 hr Plan %	46.2%	49.3%	52.3%	55.4%	58.5%	61.6%	64.6%	67.7%	70.8%	73.9%	76.9%	80.0%
Stroke 4 hr Actual %	70.1%	53.3%										

**Aim:** To return stroke performance to >80% people being admitted to HASU within 4 hours by March 2023

## Update for the month

Achievements	<ul style="list-style-type: none"> <li>'National Stroke Triage Project' has allowed us to improve early stroke assessment and diagnosis; however, this isn't yet being reflected in direct admissions performance data.</li> </ul>		
Challenges	<ol style="list-style-type: none"> <li>4hr Admissions to ward since last reporting (Nov-Jan 35%) has improved only slightly to 40.5% (Jan-Mar 2023-Q4 and this continues to be driven by lack of stroke inpatient beds across the FPH site, no ringfenced beds, and the ongoing fill with general medical patients despite new strokes continually arriving, resulting in extensive Stroke outliers with limited team capacity for review, causing increased length of stay (this includes medical and therapy teams).</li> <li>Stroke reports and data management. We continue to explore options to generate data automatically via EPIC downloads but discovered this not possible currently (recent joint meeting EPIC/Manchester team/FPH stroke team).</li> <li>7-day cardiac monitor (delay in patient appointment).</li> <li>Medical staffing across stroke pathway.</li> <li>CT Perfusion policy finalisation</li> </ol>		
Action plan	<ol style="list-style-type: none"> <li>Further discussion regarding Stroke team planning their own bed stock and support from partners. This process is underway.</li> <li>EPIC/information working to enhance the current stroke narrator with view to automating as a standalone document.</li> <li>Awaiting approval for middle grade recruitment. Stroke consultant vacancy out to advert</li> </ol>	Caroline Hutton Tammy Erod Lauren/Caroline	Ongoing Ongoing In progress
Risks and mitigation	Bed capacity remains the primary risk across the site, combined with inpatient capacity pressures in RSCH for stroke patients affecting repatriations.		

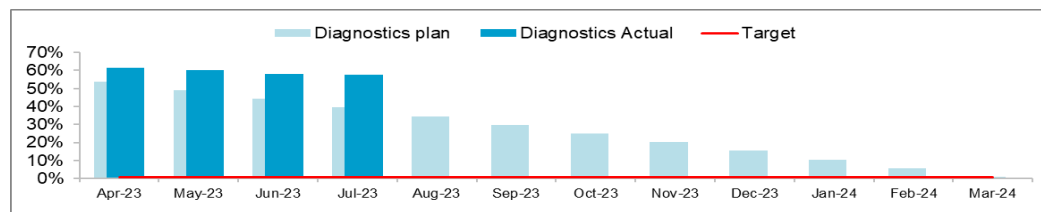
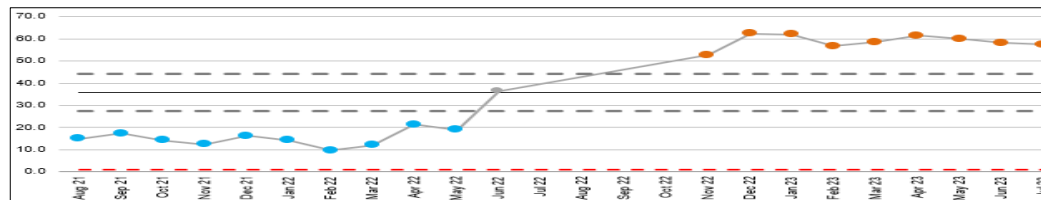
**NOTE:** There is a small discrepancy between the internal and SSNAP definition of the % of patients who are admitted to HASU 4 hours. For the board report the SSNAP definition is used. The data sent to SSNAP includes all stroke cases (including those that are not admitted to the stroke ward such as patients who are sent to tertiary centres for thrombectomy) hence the lower figures. SSNAP cleanse the data quarterly to give a true reflection of the % of patients admitted within 4 hours



# Diagnostics – exception report

Executive Lead	Caroline Hutton
Delivery Lead	Alex Stamp
Period covered	April 2023-March 2024

Objective	Less than 1% of patients will wait 6 weeks for a diagnostic investigation		
Target (monthly)	<=1.0%		
Current status	<table border="1"> <tr> <td></td><td></td> </tr> </table> SPC analysis is not possible due to the lack of continuous data		
Delivery status (for period overall)			



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Diagnostics plan	53.8%	49.0%	44.2%	39.4%	34.6%	29.8%	25.0%	20.2%	15.4%	10.6%	5.8%	1.0%
Diagnostics Actual	61.5%	60.0%	58.1%	57.4%								

**Aim** - To reduce the percentage of people waiting longer than 6 weeks for a diagnostic investigation to less than 1% by March 2024

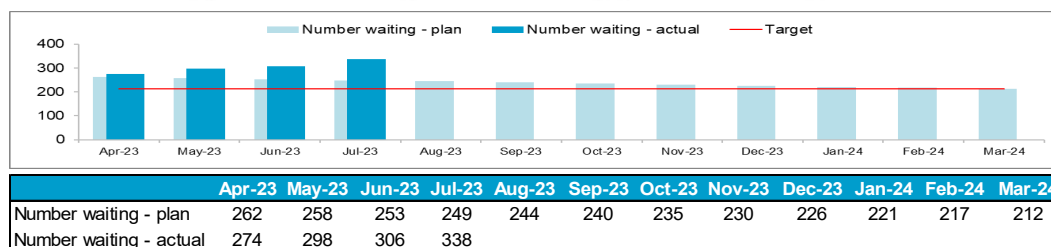
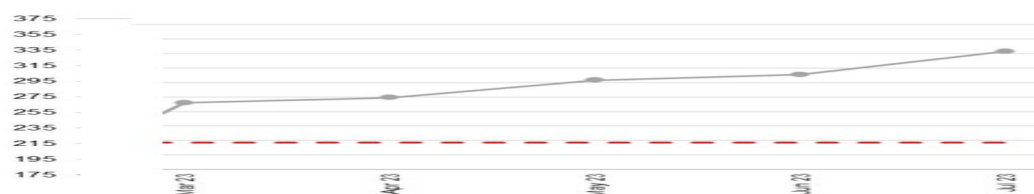
## Update for the month

Achievements	<ul style="list-style-type: none"> <li>Reduction of PTL for diagnostics after consistent growth – particularly within Non-Obstetric Ultrasound.</li> <li>Echocardiogram scan demand has reduced consistently over last three months.</li> <li>Endoscopy waits have improved and overall waiting list is reducing.</li> <li>CDC capacity has increased diagnostic scans being carried out at Heatherwood.</li> </ul>		
Challenges	<ul style="list-style-type: none"> <li>Non-Obstetric waiting list growth since EPIC due to increased referrals, data quality items within EPIC and capacity within the service.</li> <li>Endoscopy capacity has improved since not being bedded, but overall productivity remains short of optimal capacity.</li> </ul>		
Action plan	<ul style="list-style-type: none"> <li>Continue and increase outsourcing for Ultrasound scans.</li> <li>Complete further radiographer/sonographer recruitment.</li> <li>Deep dive meetings held weekly with Radiology to track NOUS recovery.</li> <li>Deep dive meetings with Endoscopy to track performance and action plan to improve performance.</li> </ul>	Bridget Manock Bridget Manock Alex Stamp Alex Stamp	November 2023 Ongoing Ongoing Ongoing
Risks and mitigation	<ul style="list-style-type: none"> <li>Radiographer vacancies mitigated though overseas recruitment.</li> <li>Endoscopy at risk of being bedded during winter – impact assessment being carried out with Endoscopy team.</li> <li>Costs of NOUS recovery present financial risk to Trust given requirements to increase capacity over and above budget – ongoing review with Radiology team.</li> </ul>		

# Paediatric surgery – exception report

Executive Lead	Caroline Hutton
Delivery Lead	Alex Stamp
Period covered	April 2023-March 2024

Objective	Text needed
Target (monthly)	
Current status	<div> <div></div> <div></div> </div> Insufficient data for an SPC chart and analysis
Delivery status (for period overall)	



**Aim – Reduce waiting list for Children awaiting elective surgery at FHFT**

## Update for the month

Achievements	<ul style="list-style-type: none"> <li>Ongoing discussions with Paediatric teams across Trust around surgical options for Winter.</li> <li>Paediatric ENT developing GIRFT model for tonsillectomy.</li> <li>Review of surgical pathways at Frimley Park and Wexham being commenced.</li> </ul>		
Challenges	<ul style="list-style-type: none"> <li>Paediatric capacity at Frimley Park Hospital for elective procedures is challenged given level of non-elective demand on Paediatric ward.</li> <li>Surgical pathways for Paediatric patients are not yet fully embedded, nor ring-fenced.</li> </ul>		
Action plan	<ul style="list-style-type: none"> <li>Meeting with Surgical teams to discuss GIRFT surgical pathways.</li> <li>Review of options for Super Sunday clinics and theatres in Paediatric Surgical specialties.</li> </ul>	<ul style="list-style-type: none"> <li>Deepa Jadhav/Alex Stamp</li> <li>Surgery/Specialist Surgery</li> </ul>	October 2023 Ongoing
Risks and mitigation	<ul style="list-style-type: none"> <li>Lack of ring-fenced Paediatric surgical capacity on main acute sites may risk access during winter.</li> <li>Frimley Park Hospital designated ward areas have limited capacity to increase access for Paediatric surgery cases.</li> </ul>		

# Benchmarking – selected measures

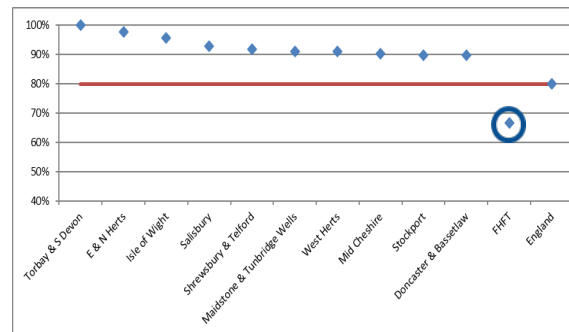
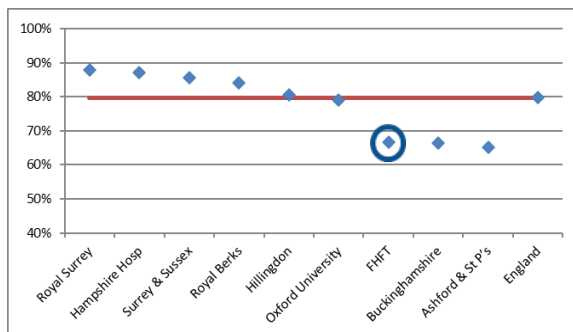
## Local trusts

## Best in class

## Rank

## Quartile

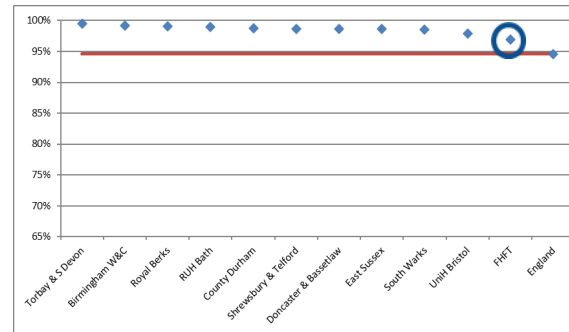
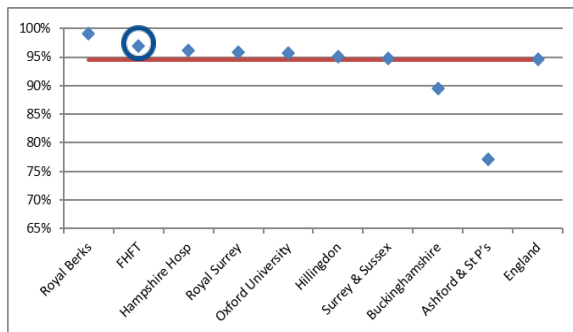
### ED FFT



117/122

4<sup>th</sup>

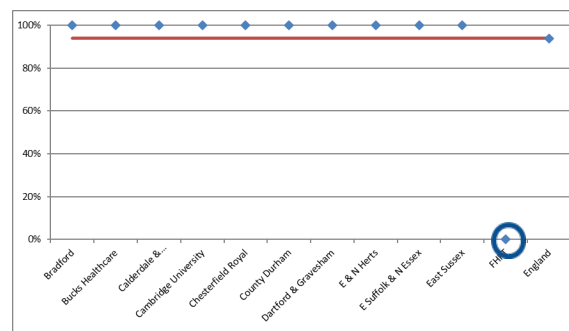
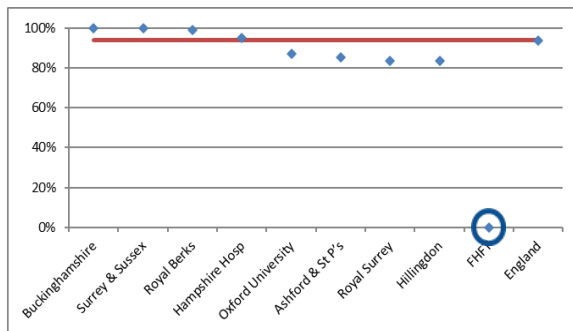
### Inpatient FFT



34/122

1<sup>st</sup>

### Maternity FFT



FHFT data suppressed due to small number of Maternity FFT returns

**NOTE** – for each graph, the position furthest to the left is the best performing trust. **Data periods:** ED FFT, Inpatient FFT, Maternity FFT = June 2023. Maternity Best in Class is truncated alphabetically as there are more than ten trusts who are performing at 100%. Best in class peer group has been expanded to include both Acute and Acute & Community trusts

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# Benchmarking – selected measures

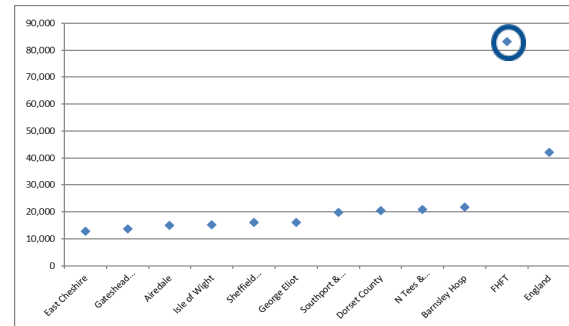
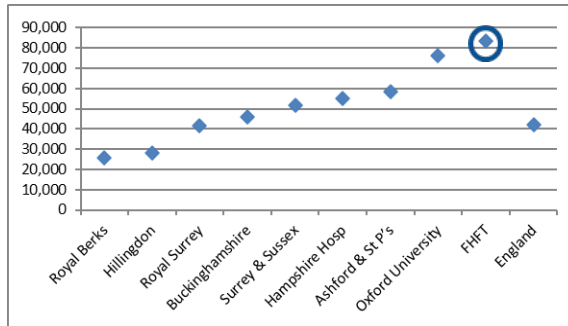
## Local trusts

## Best in class

## Rank

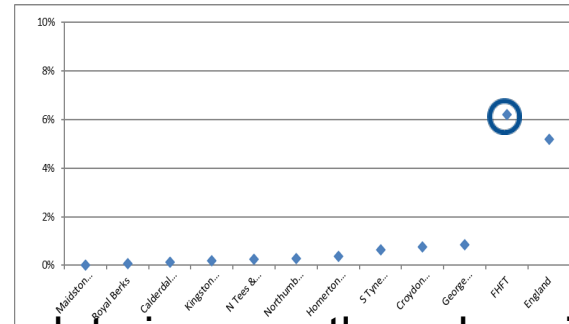
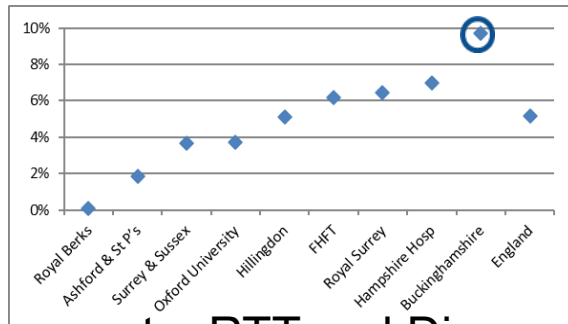
## Quartile

RTT –  
Total  
incompletes



104/123 4<sup>th</sup>

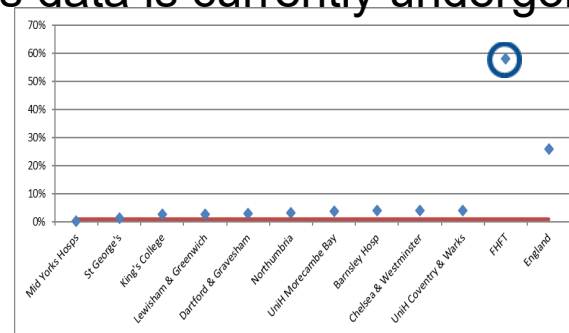
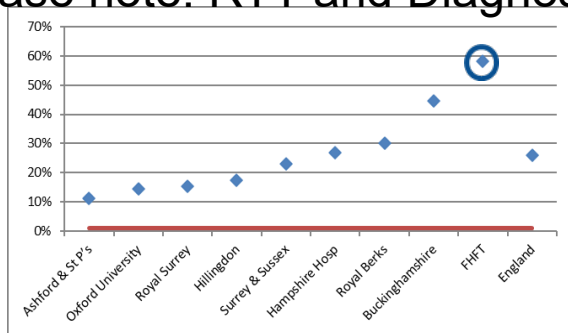
RTT –  
52 plus weeks  
(% of total  
incompletes)



85/123 3<sup>rd</sup>

Please note: RTT and Diagnostics data is currently undergoing validation

Diagnostics



123/123 4<sup>th</sup>

**NOTE** – for each graph, the position furthest to the left is the best performing trust and — is the target. **Data periods:** RTT and Diagnostics = June 2023  
Best in class peer group has been expanded to include both Acute and Acute & Community trusts so the cohort now includes up to 125 trusts.

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# Benchmarking – selected measures

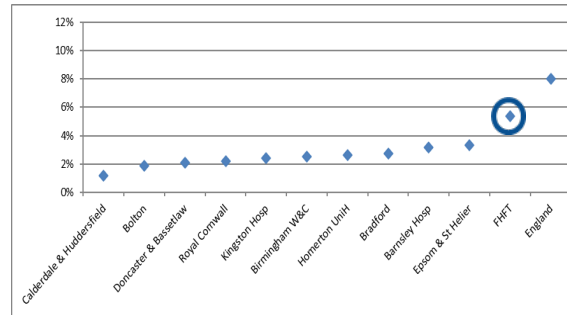
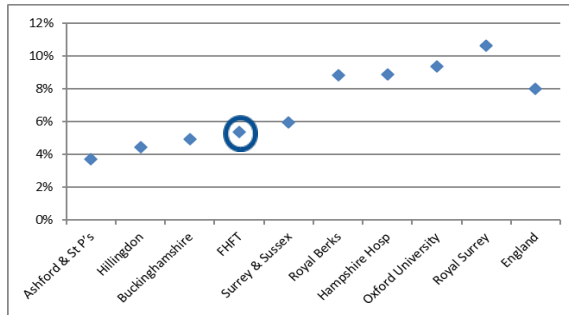
## Local trusts

## Best in class

## Rank

## Quartile

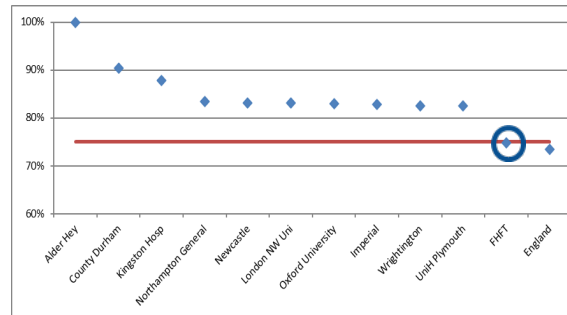
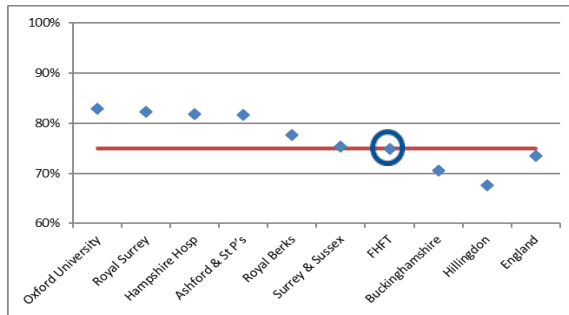
Cancer –  
Urgent PTL  
(proportion waiting  
over 62 days)



31/120

2<sup>nd</sup>

Cancer –  
28 day faster  
diagnosis



55/122

2<sup>nd</sup>

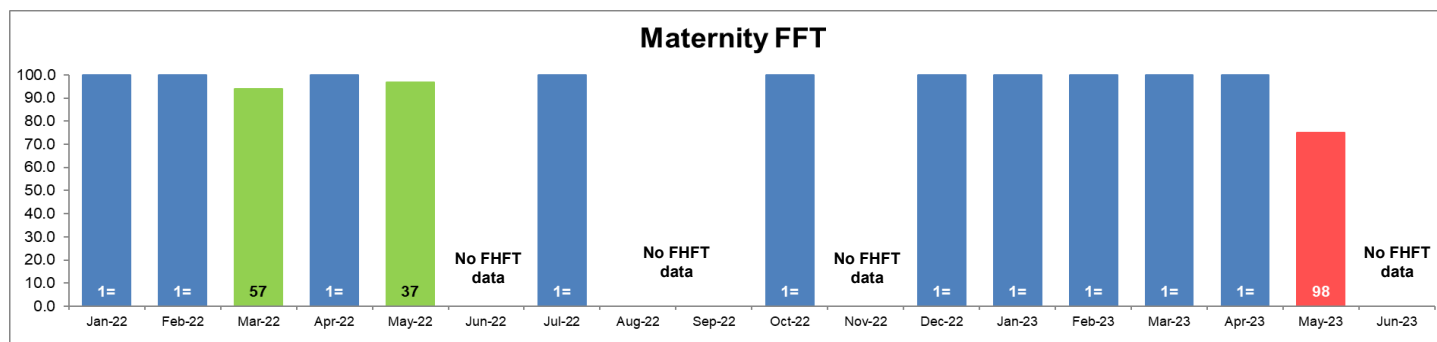
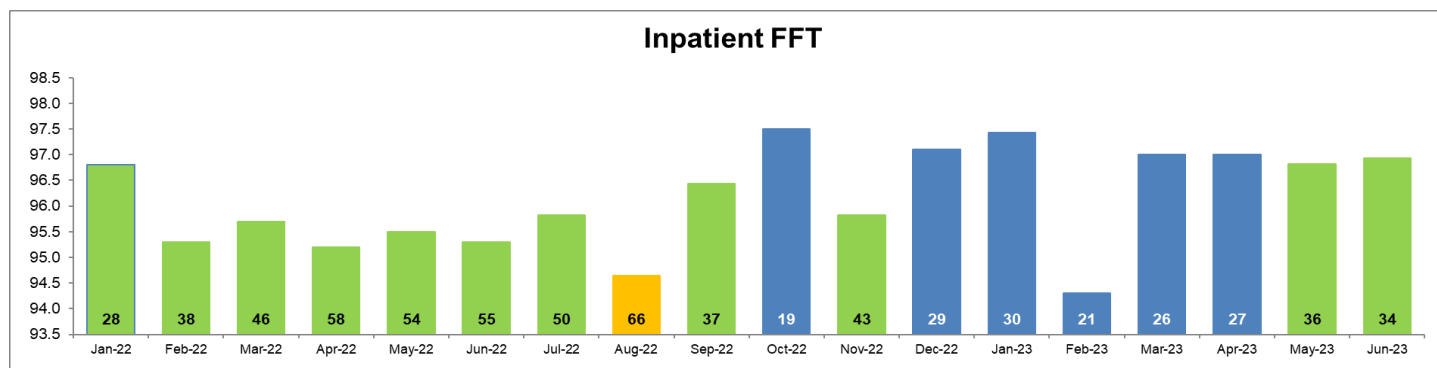
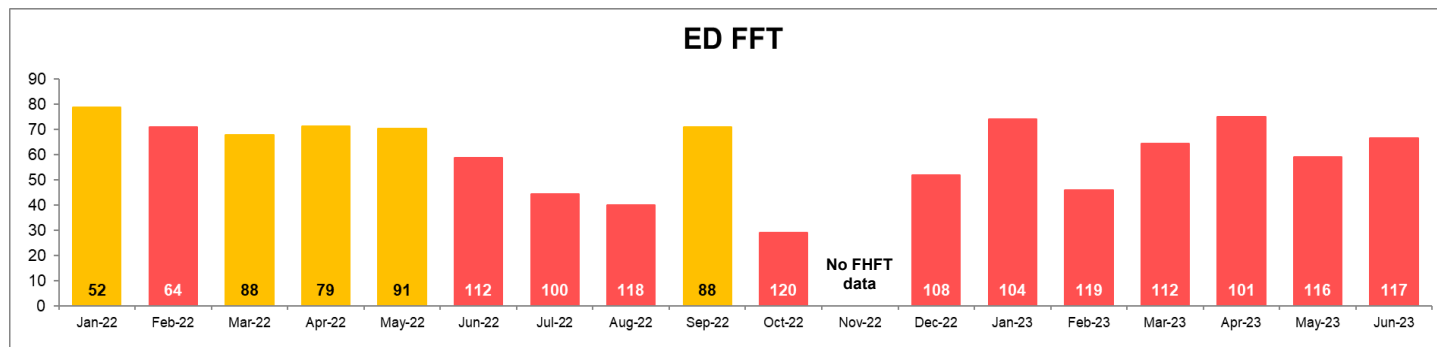
**NOTE** – for each graph, the position furthest to the left is the best performing trust. **Data periods:** Cancer 28 day FDS= June 2023

Urgent Cancer PTL – proportion waiting over 62 days – position week ending 02 July 2023.

Best in class peer group has been expanded to include both Acute and Acute & Community trusts so the cohort now includes up to 125 trusts.

# Benchmarking – FHFT historic monthly performance (selected measures)

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

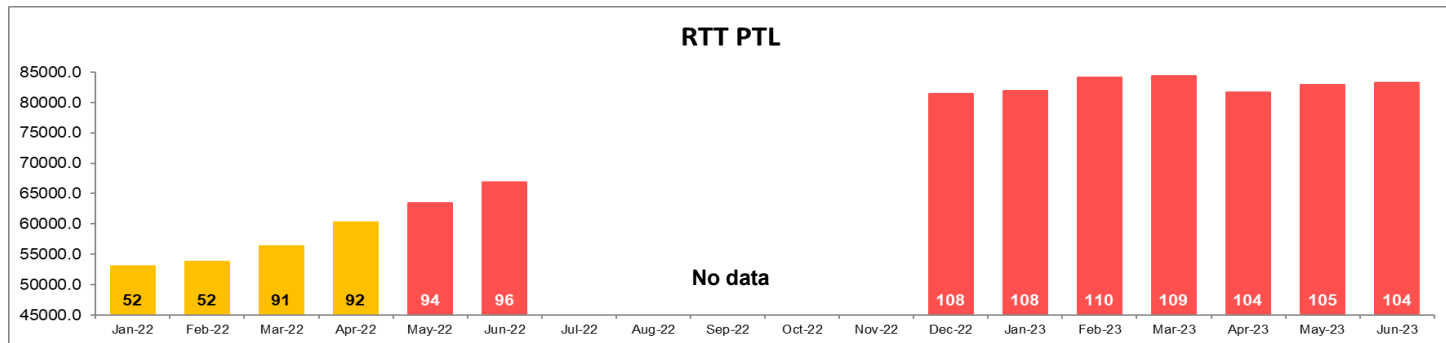


**NOTE** – for each chart, FHFT's rank compared to other acute trusts is shown in the relevant column (up to February 2022 – number of trusts is between 80 and 89). From March 2022 the cohort has been expanded to include both acute and acute and community trusts so the cohort now includes up to 125 trusts.

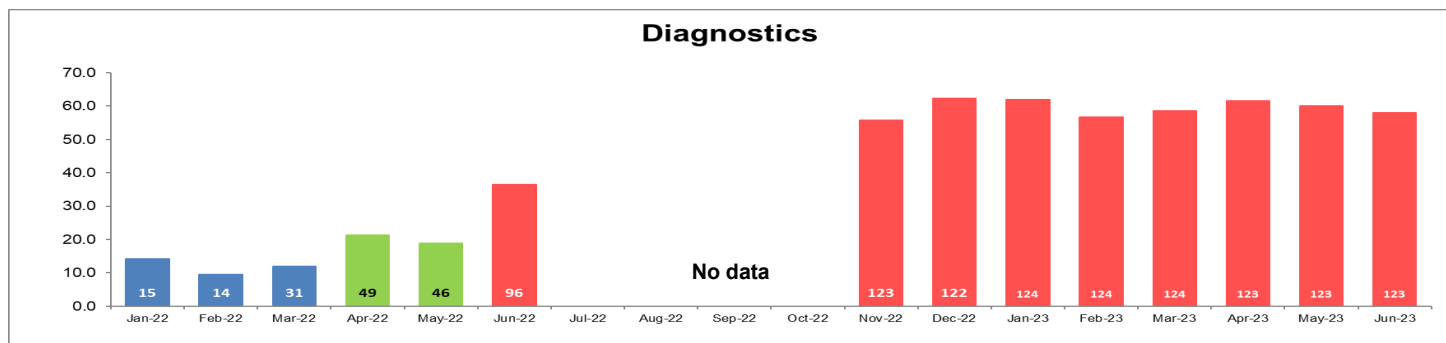
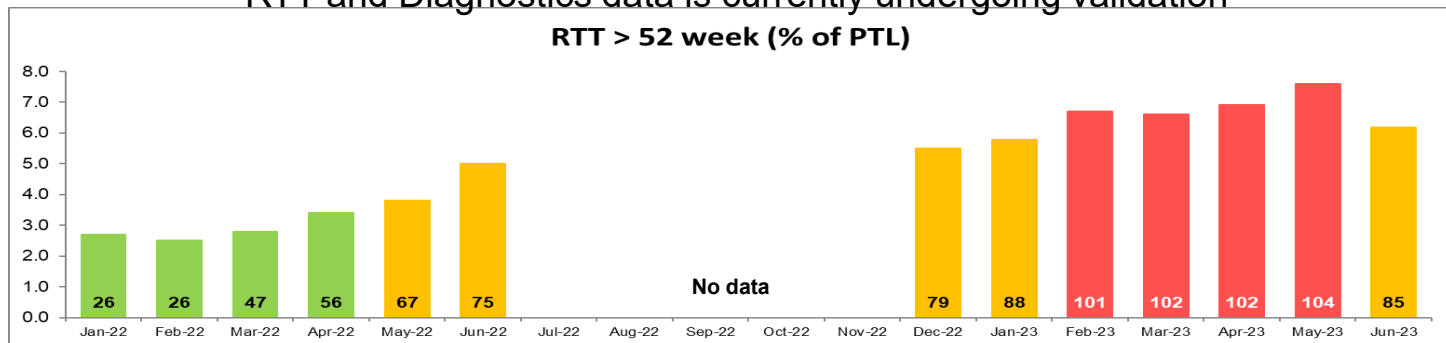
02 of 11

# Benchmarking – FHFT historic monthly performance (selected measures)

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



RTT and Diagnostics data is currently undergoing validation

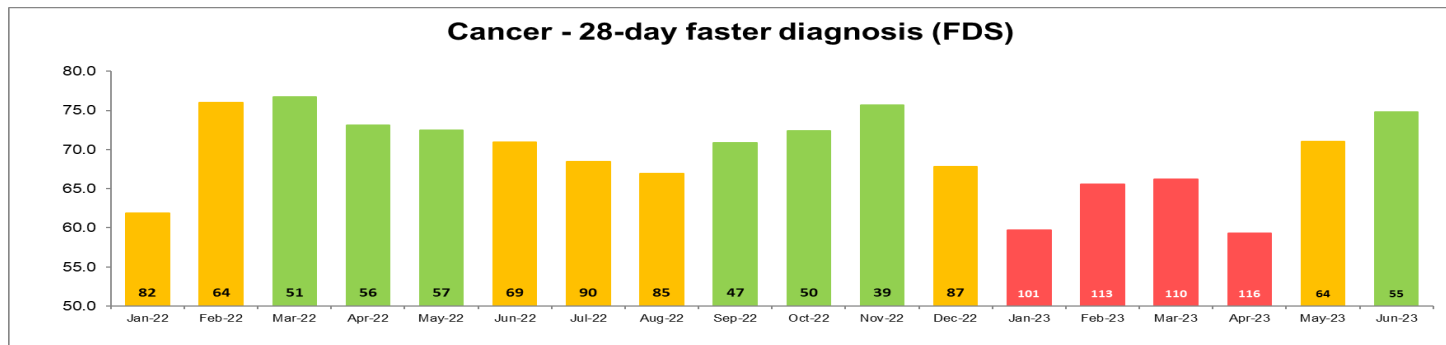
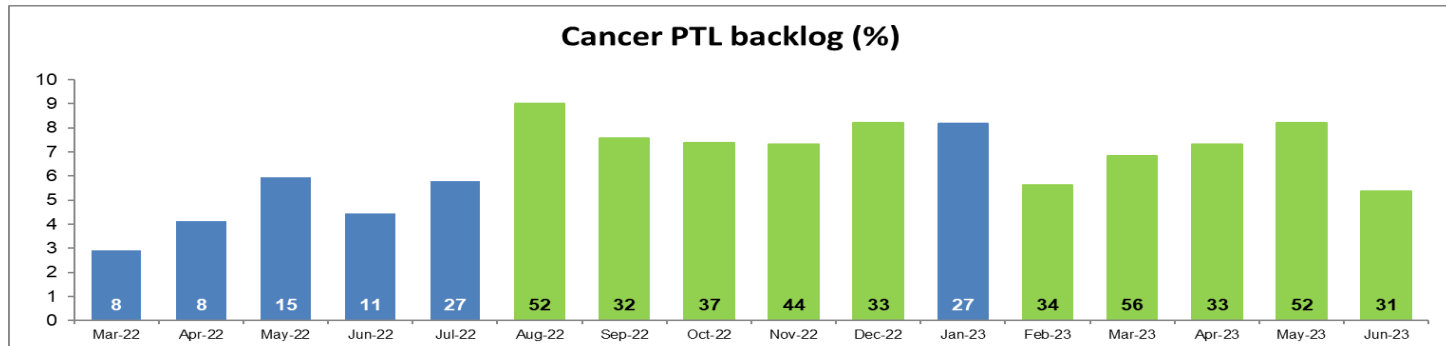


**NOTE** – for each chart, FHFT's rank compared to other acute trusts is shown in the relevant column (up to February 2022 – number of trusts is between 80 and 89). From March 2022 the cohort has been expanded to include both acute and acute and community trusts so the cohort now includes up to 125 trusts.

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# Benchmarking – FHFT historic monthly performance (selected measures)

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



**NOTE** – for each chart, FHFT's rank compared to other acute trusts is shown in the relevant column (up to February 2022 – number of trusts is between 80 and 89). From March 2022 the cohort has been expanded to include both acute and acute and community trusts so the cohort now includes up to 125 trusts.

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# Appendix

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# Activity (FHFT)

	20/21	21/22	Mar-23	Apr	May	Jun	Jul-23	YTD
<b>GP and general dental practitioner referrals to all outpatients</b>								
NHS Buckinghamshire	9791	12724	3274	2233	2645	2976	2835	10689
NHS Frimley	111200	156043	36151	26746	32940	34086	31297	125069
Other CCGs	10047	12287	2635	1949	2126	2363	2426	8864
<b>Sum:</b>	131038	181054	42060	30928	37711	39425	36558	144622
<b>Outpatient attendances</b>								
New attendances	238248	298963	32219	29314	35279	35867	32310	132770
Follow-up attendances	482939	613301	49938	43887	53193	55613	52491	205184
<b>Total</b>	721187	912264	82157	73201	88472	91480	84801	337954
<b>Elective admissions</b>								
Daycase	37756	59472	5846	4910	5744	5843	5615	22112
Overnight	8114	11320	1016	805	928	937	824	3493
Regular day attenders	14763	17393	1652	1347	1606	1516	1367	5836
<b>Total</b>	60633	88185	8514	7062	8278	8296	7806	31444
<b>Emergency department (ED) attendances</b>								
Total ED attendances	193470	257335	21624	20093	22165	22071	21976	86305
<b>Non-elective admissions</b>								
Non-elective – Zero LOS admissions	21776	26776	3463	701	783	780	834	3098
Emergency Admissions (excluding Zero LOS)	43922	49269	4033	3752	3930	3997	4079	15758
Other Non-elective admissions	16800	17604	1828	1623	1814	1700	1694	6831
Non-elective admissions (total)	82498	93649	9324	6076	6527	6477	6607	25687
<b>Maternity</b>								
Number of live births	9264	9451	756	724	797	757	735	3013

# Glossary

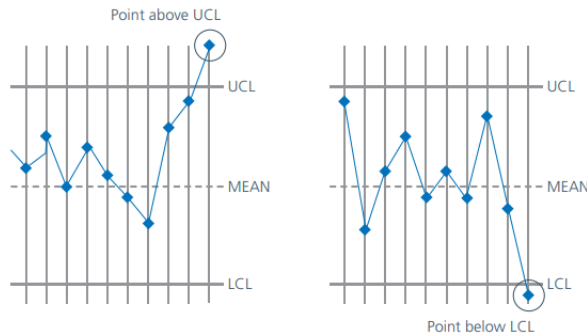
Term	Meaning
<b>CIP</b>	Cost Improvement Plan or Programme
<b>FHFT</b>	Frimley Health NHS Foundation Trust
<b>YTD</b>	Year-to-date

# Statistical Process Control (SPC)

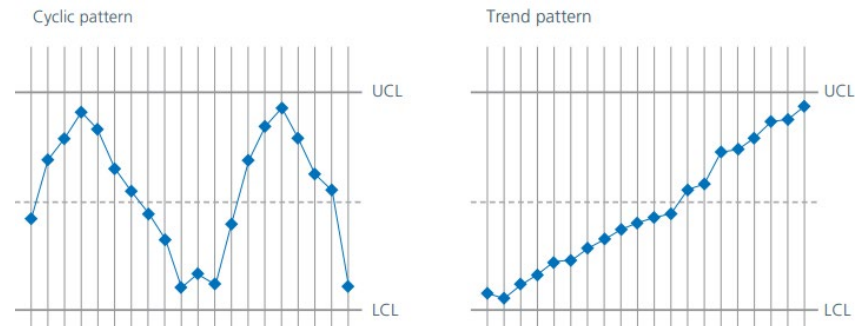
Statistical Process Control helps to understand what is the norm and what is different. Performance of a KPI is looked at over time and statistical analysis is used to calculate an “upper control limit” and a “lower control limit”.

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

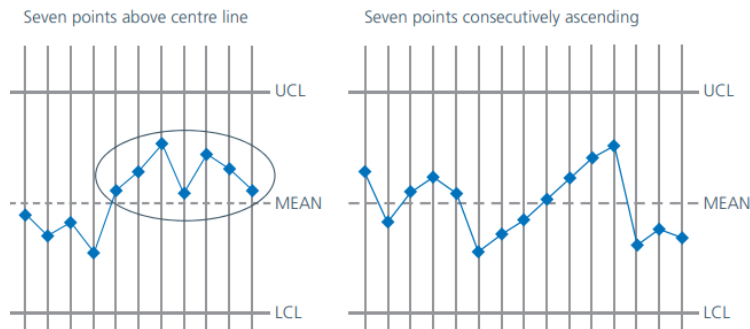
Rule 1 – any single point outside control limits



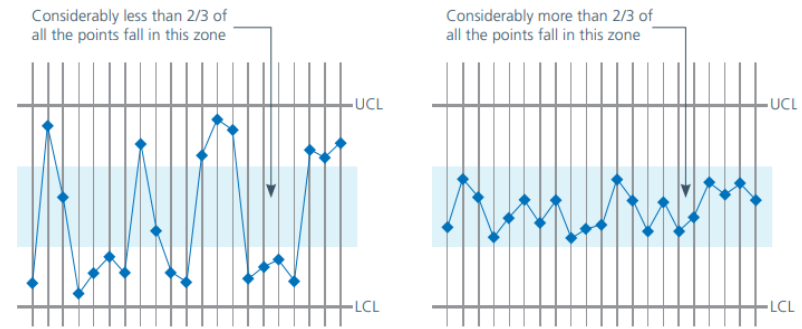
Rule 3 – any unusual pattern or trends within the control limits



Rule 2 – a run of seven points all above or all below the centre line, or all increasing or decreasing









Rule 4 – the number of points within the middle third of the region between the control limits differs markedly from two thirds of the total number of points



Produced with thanks to NHS England and NHS Improvement resources

# Statistical Process Control (SPC)

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

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

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

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

Report Title	NED Recruitment
Meeting and Date	Council of Governors, Wednesday 20 <sup>th</sup> September 2023
Agenda No.	8.
Author and Executive Lead	Bryan Ingleby, Chair
Executive Summary	<p>This is an annual report to the Council of Governors, regarding planned Non-Executive recruitment for the coming year. This is a new report arising from the Task and Finish Group proposals.</p> <p><b>The current situation</b></p> <p>The Board comprises six executive directors, with a vacant seventh post, a chair and seven non-executive directors (Dawn, Mike O'D, John, Mike B, Linda, Gary, Jackie) plus an Associate NED (Na'eem) and a NeXT Director (Pooja). The vacant executive post is currently being recruited to (the Director of Strategy, Partnerships and Digital).</p> <p>The following changes are expected in this financial year:</p> <ul style="list-style-type: none"> <li>• Dawn Kenson steps down after 9 years on 31 March 2024</li> <li>• Mike O'Donovan steps down after 9 and a half years on 31 March 2024</li> <li>• Pooja Dewan's time as a NeXT director ends on 31 December 2023</li> <li>• Na'eem Ahmed's Associate Director role ends 31 March 2024</li> </ul> <p>In addition, John Weaver will have completed 7 years by 31 March 2024. I propose that we request a further one-year extension to John's term of office, to maintain continuity on the Board. Under the new NHSE issued Code of Governance approval for such an extension is now required from the ICB, the NHSE Regional Director and the NHSE National Chief Operating Officer.</p> <p><b>Board Committee Membership</b></p> <p>The board committees are fully resourced as follows(Chairs in bold):</p> <p>Audit: <b>Gary</b>, Dawn, Mike O'D, Linda</p> <p>Finance: <b>John</b>, Mike O'D, Gary, Pooja</p> <p>Quality: <b>Mike O'D</b>, Mike B, Linda, Jackie, Na'eem</p> <p>People: <b>Mike B</b>, John, Gary, Jackie</p> <p>PRC: <b>Dawn</b>, Bryan, Mike B, Linda</p> <p>Noms: <b>Bryan</b>, Dawn, Mike B, Linda</p> <p>Charitable Funds: <b>John</b>, Pooja</p> <p><b>Consequences</b></p> <ol style="list-style-type: none"> <li>1. We are losing Dawn and Mike O'D because they will have served the recommended maximum NED term of office at the end of March 2024.</li> </ol>

	<p>2. We lose Dawn as the Senior Independent Director (SID) and I have asked Linda Burke to take on this role from 1 April 2024. As required by the constitution I have consulted with the NERC and the Lead Governor on this role, who have endorsed this decision, and the COG is asked to note this.</p> <p>3. We lose Mike O'D as Chair of Quality Committee and Board Champion for Maternity Services. Linda will assume the role of Chair of QAC and Jackie Westaway will assume the role of Maternity Services Champion from 1 April 2024.</p> <p><b>Conclusion</b> That we need to recruit 2 NEDs from 1 April 2024.</p> <p>The proposal to recruit 2 NEDs and extend John Weaver's term of office by one year until 31 March 2025 was discussed and agreed by NERC at their June 2023 meeting.</p> <p>The NERC noted the loss of two experienced NEDs and the need to maintain board stability. The Nominations Committee has approved the recruitment of two NEDs to succeed Dawn and Mike from 1 April 2024.</p> <p><b>Process</b></p> <ul style="list-style-type: none"> <li>• The Chair will work with the Lead Governor and NERC to appoint a Non-Executive Selection Panel (the Panel).</li> <li>• The Panel will comprise public governors agreed by NERC, NEDs, Execs and an external person (mandated through the Code of Governance).</li> <li>• The Panel will decide on whether an agency will be used and if so which, will agree the person specification and candidate pack, and the selection process.</li> <li>• As agreed in the Task and Finish Group proposals, it is expected that the Panel will involve the wider public governor group in the process.</li> <li>• Once recruitment activity has taken place, the Panel will recommend candidates to the NERC who, in turn, will recommend candidates to the Council of Governors.</li> </ul> <p><b>Further considerations</b> Although it will be for the Panel to agree, the Board will be losing audit and finance committee NED members, and considerable finance expertise. We would expect to look to bolster these skills in the next recruitment round. I will work with Board colleagues and the non-executive selection panel to ensure we have the right skills such that the Board committees are effective from 1 April 2024.</p> <p>Also there remains, rightly, a priority to increase the diversity of the Board and this will be a particular focus. As well as diversity of characteristic there is an ongoing opportunity to increase the diversity of experience and thought.</p>
<b>Action</b>	The Council of Governors is asked to <b>APPROVE</b> the NERC's recommendation to extend John Weaver's term of office to 31 March 2025 and <b>ENDORSE</b> the decision of the Nominations Committee and NERC to recruit two NEDs to replace Dawn Kenson and Mike O'Donovan.
<b>Compliance</b>	Code of Governance for NHS provider trusts

<b>Report Title</b>	<b>Governor and Lead Governor Elections</b>
<b>Meeting and Date</b>	Council of Governors, Wednesday 20 <sup>th</sup> September 2023
<b>Agenda Item</b>	9.
<b>Author and Executive Lead</b>	Hannah Farmhouse, Assistant Company Secretary Bryan Ingleby, Trust Chair
<b>Executive Summary</b>	<p>The Trust is holding its annual governor elections in accordance with the Frimley Constitution. Civica (formerly the Electoral Reform Service) was appointed as the electoral agent to independently manage the elections on our behalf.</p> <p>Nominations opened on Friday 28<sup>th</sup> July and closed on Friday 25<sup>th</sup> August. In total 13 nominations were received for the seats in Windsor and Maidenhead, Rest of England, Surrey Heath and Runnymede, Frimley, Heatherwood and Community Hospitals. The statement of nominated candidates is attached.</p> <p>Unfortunately, there were no nominations in South Buckinghamshire and this seat will become vacant.</p> <p>We have two uncontested seats, and they are: Windsor and Maidenhead Rest of England</p> <p>The contested seats are: Frimley Park Hospital Heatherwood Hospital and Community Hospitals Surrey Heath and Runnymede</p> <p>Voting will open on Monday 18 September and close on Thursday 12<sup>th</sup> October at 5pm. The results will be declared on Friday 13<sup>th</sup> October.</p>
<b>Action</b>	The Council of Governors is asked to <b>NOTE</b> the 2023 elections update.
<b>Compliance</b>	Trust Constitution



**Election to the Council of Governors****CLOSE OF NOMINATIONS: 5:00:00 PM ON 25/08/2023**

Further to the deadline for the nominations for the above election, the following valid nominations were received:

Constituency name	Candidate forename	Candidate surname	Political interests	Financial or other interest in the Trust
Public: Surrey Heath and Runnymede	Peter	Fraser-Dunnet	Conservative Party	None
Public: Surrey Heath and Runnymede	Bill	Palmer	None	None
Public: Surrey Heath and Runnymede	Ann	Smith	None	None
Public: Windsor and Maidenhead	Barbara	Story	Conservative Party	None
Public: Windsor and Maidenhead	Robin	Wood	None	None
Staff: Frimley	Lisa	Cadec	None	None
Staff: Frimley	Michael	Field	None	None
Staff: Frimley	Sanam	Mainali	None	None
Staff: Frimley	Udesh	Naidoo	None	None
Staff: Frimley	Peter	Woodford	None	None
Staff: Heatherwood and Community	Michael	Ellis	None	None
Staff: Heatherwood and Community	Jagjit	Mandair	None	None
Public: Rest of England	Samantha	Rayner	Conservative	None

The contact address for each of these candidates is C/O The Returning Officer, Frimley Health NHS Foundation Trust, Civic Election Services, The Election Centre, 33 Clarendon Road, London, N8 0NW, or email at [fnominations@cesvotes.com](mailto:fnominations@cesvotes.com).

**Ciara Hutchinson****Returning Officer****On behalf of Frimley Health NHS Foundation Trust**

Report generated on: 29/08/2023

Report Title	PEIG Terms of Reference
Meeting and Date	Council of Governors, 20 September 2023
Agenda Item	10.
Author and Executive Lead	Dorota Underwood, Committee Officer Maxine McVey, Deputy Chief Nurse
Executive Summary	The PEIG terms of reference have been re-drafted to reflect new areas of focus and these were discussed and agreed at the PEIG meeting held on Wednesday 13 <sup>th</sup> September.
Action	The COG is asked to <b>APPROVE</b> the PEIG terms of reference.
Compliance	FHFT Constitution

## **Council of Governors**

### **Patient Experience and Involvement Committee**

#### **Terms of Reference**

##### **1. Constitution**

The Patient Experience and Involvement Committee is a Committee of the Council of Governors.

The Patient Experience and Involvement 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 Council of Governors' approval.

##### **2. Authority**

The Patient Experience and Involvement Committee is directly accountable to the Council of Governors. All minutes of meetings will be reported directly to the Council of Governors.

##### **3. Aim**

The purpose of the Patient Experience and Involvement Committee is, on behalf of and alongside the Council of Governors, to seek assurance that the Trust's activities on patient experience and involvement are effective. The Committee will complement the activities of the Patient Experience Forum (PEF). The PEF acts over the full spectrum of the Trust's activities and is the means by which Governors are informed and assured over that whole piece. The Patient Experience and Involvement Committee will review specific areas where more information or assurance than can be provided through the PEF is considered needed for Governors to discharge their duties.

##### **4. Objectives**

The principal responsibilities of the Patient Experience and Involvement Working Group is to:

- **To seek assurance on the effectiveness of the Trust's activities on patient experience and patient involvement over and above that provided by the Patient Experience Forum** through a series of targeted reviews. In satisfying this duty the Committee will agree a rolling work programme of areas that it wishes to gain assurance on and will commission Trust staff to present to the Committee on those areas. Typically, the Committee will look at one area per meeting.
- **To ensure that the Trust's Quality Account has due regard to patient experience and involvement.** PEIG will select one Quality Account indicator per year, which shall be agreed with the Trust Executive and the Quality Assurance Committee. The Committee will receive a quarterly report on the implementation of its chosen indicator. The Committee will also take the lead on providing the governor commentary to be included within the published Quality Account.
- **To ensure that the NEDs have appropriate focus on patient experience and involvement.** The Committee will receive the minutes of the Quality Assurance Committee and a Non-Executive Member of QAC will attend PEIG (typically on rotation) to answer any questions.

- **To ensure that learning from Gemba walks is implemented appropriately and effectively.** The Committee will receive regular reports on the actions arising from Gemba walks, as they relate to the patient experience, and will seek assurance on the implementation of any actions.

## **5. Method of working**

A standard agenda as follows will be guided by the Patient Experience and Involvement Working Group:

1. Apologies for absence
2. Declarations of Interest
3. Minutes of the previous meeting
4. Action Log
5. Review of a patient experience or involvement topic
6. Update on the Quality Account indicator
7. Minutes of the Quality Assurance Committee
8. Review of Gemba Walk outcomes
9. Review of forward topics
10. Any Other Business
11. Date of next meeting

## **6. Membership**

The Patient Experience and Involvement Working Group is a Committee of the Council of Governors. The Council of Governors will appoint up to 10 Governors to the Committee, and the Members of the Committee will elect one of their number to be the Chair. Typically, Members will serve for three years on the Committee although the Committee or the Council of Governors may vary this at their discretion.

A Non-Executive Director member of the Quality Assurance Committee will be expected to attend each meeting. This may be done on rotation.

Other Governors may attend meetings of the Committee at the discretion of the Chair.

Staff attendees will comprise the following, or their designated deputies:

- Chief of Nursing and Midwifery
- Deputy Director of Nursing
- Head of Patient Experience
- Company Secretary

Representatives from the Trust departments will be asked to attend to discuss specific issues as directed by the Patient Experience and Involvement Committee.

## **7. Quorum**

The meeting quorum shall be four Governors.

## **8. Frequency of Meetings**

The Patient Experience and Involvement Committee will meet quarterly. The Chair may request additional meetings although they should have regard on the impact on Trust staff.

Committee members are expected to attend a minimum of 50% of meetings a year.

## **9. Secretariat**

Minutes and agenda to be circulated by the Company Secretariat.

## **10. Reporting lines**

The reports of each of the Patient Experience and Involvement Committee meetings, recommendations and actions will be reported to the Council of Governors and Board of Directors.

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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